

# CYTOGENETIC TESTING

East Anglian Medical Genetics Service, **Cytogenetics Laboratory**  
 Box 108, Level 6, Addenbrooke's Treatment Centre  
 Addenbrooke's NHS Trust, Cambridge. CB2 0QQ  
**Tel: (01223) 348711    FAX: (01223) 348712**

PRINT PATIENT DETAILS (Use hospital label if available)

<b>Surname</b>		<b>Date of Birth</b>		<b>Specimen Type</b>		<b>Date Collected</b>		<b>Private Patient</b> YES NO							
<b>Forename(s)</b>				<b>Reason for Referral / Full Clinical Details</b>											
<b>NHS No</b>			<b>Sex</b>												
<b>Hospital No</b>		<b>Pedigree No</b>													
<b>Home Address</b>															
<b>Postcode</b>															
<b>GP Name / Address</b>				COMPLETE WHERE APPROPRIATE											
<b>Postcode</b>															
<b>Consultant (PRINT Initials and Surname)</b>		<b>Tel No</b>								<b>Partner's Name</b>		<b>Partner's DOB</b>		<b>Operator</b>	
										<b>EDD</b>	<b>LMP</b>	<b>Gestation by US</b>			
										<b>Previous livebirths</b>		<b>Previous stillbirths</b>			
				<b>Previous miscarriages</b>		<b>Previous terminations</b>									
<b>Hospital</b>		<b>Ward / Dept</b>													

<b>LAB NO (s)</b>
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/
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In submitting this sample, I confirm that:

(a) **appropriate consent** has been obtained for **testing and the possible storage of cultured and/or fixed cells**

(b) information generated from this sample may be shared with members of the donor's family via their health professionals, if appropriate.

Clinician's signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Contact / Bleep \_\_\_\_\_

State any consent objections below

### **SPECIMEN REQUIREMENTS**

- **IMPORTANT**– use **LITHIUM HEPARIN** for blood samples for karyotype or FISH.
- Ensure all specimen containers are labelled with **NAME, DATE of BIRTH and HOSPITAL / NHS NUMBER.**
- Ensure immediate transport to laboratory. If transport is delayed, store temporarily at 4°C.

### **BLOOD (KARYOTYPE and/or FISH)**

Adults: 5ml blood in a LITHIUM HEPARIN tube.

Infants: 2ml blood in a LITHIUM HEPARIN tube.

*(To avoid clotting **Mix Well** by inverting the tube after collection)*

For DNA Studies (Microarray/MLPA): 5ml in EDTA (Adult), 2-5ml in EDTA (Child) and a completed Molecular Genetics referral card are **also** required.

### **CORD/PLACENTA INSERTION SITE, PRODUCTS OF CONCEPTION, SKIN**

Please do not send fetuses or whole placentas.

Collect specimen into a sterile plastic universal container with tissue transport medium obtained from the laboratory. **Do not fix or freeze specimen.**

### **AMNIOTIC FLUID**

15-20ml amniotic fluid in a graduated 20ml sterile plastic universal container.

### **CVS**

Collect specimen into a sterile plastic universal container with collection medium obtained from the laboratory.

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### **FOR CYTOGENETICS LABORATORY USE ONLY**

Previous referrals  Details:

Molecular Genetics Sample

DOR	WT/VOL	CONDITION	REF. CODE	CULTURES SET UP	URGENT	BIB/CHECKED