



IF LABEL USED APPLY BELOW		CYTOGENETICS, INSTITUTE OF GENETIC MEDICINE CENTRAL PARKWAY, NEWCASTLE UPON TYNE NE1 3BZ TEL 0191 241 8700 FAX 0191 241 8713		REQUEST FOR CHROMOSOME ANALYSIS	
PATIENT'S SURNAME		D.O.B.		SAMPLE TYPE .....	
FORENAME(S)		M / F		SEE OVER FOR INSTRUCTIONS	
PATIENT'S ADDRESS				CLINICAL DETAILS AND REASON FOR REFERRAL	
.....					
.....					
POSTCODE .....					
HOSPITAL		WARD			
HOSPITAL No.		NHS No.			
CONSULTANT		REPORT TO			
G.P. / PRACTICE		DELETE AS NECESSARY    NHS / PRIVATE			
IF AGED UNDER 16 PLEASE GIVE					
MOTHER'S NAME		D.O.B.			
NHS No.					
FOR LABORATORY USE				Samples will be processed only if full information is given	
				In submitting this sample, the clinician confirms that consent for the investigations requested has been obtained.	
				Date of Specimen ..... Time Taken .....	
				Signature .....	
				Print Name .....	
				Contact No. ....	

**LABORATORY NOTES****Blood Samples**

**SNP array analysis** (developmental disorders / dysmorphism): at least 2ml blood in EDTA.

**SNP array + molecular genetic test** (e.g. FraX): 2-5ml blood in a single EDTA tube.

**Chromosome analysis (karyotyping)** for trisomies, sex chromosomes or infertility: 5ml blood in LITHIUM HEPARIN.

**Urgent referrals** (e.g. newborns): at least 2ml blood in LITHIUM HEPARIN plus 1ml blood in EDTA.

PLEASE DO NOT USE TUBES WITH A CAPACITY OF LESS THAN 2ml

PLEASE CLEARLY STATE WHICH TESTS ARE REQUIRED AND WHY

**0191 241 8702**

**Amniotic Fluid Samples**

10-20ml in a sterile plastic universal bottle, to arrive the same or next day. Store at room temperature if kept overnight. Details of LMP, scan and any relevant obstetric history should be given. Inform laboratory when specimens are sent. 0191 241 8795

**Chorionic Villi**

In transport medium provided, to arrive at the laboratory without delay. Details of LMP, scan and relevant obstetric history should be given. Inform laboratory when samples are sent. 0191 241 8795

**Bone Marrow**

Please send in tubes of culture medium (provided by Cyto genetics), without delay. **Please ensure same day receipt in laboratory.** Inform laboratory when samples are sent. 0191 241 8703

**Solid Tumours**

By arrangement only.

0191 241 8703

**Skin, Fetuses, Fetal Material and Products of Conception**

**IT IS IMPORTANT THAT THE CORRECT SPECIMENS ARE SENT. PLEASE CONSULT YOUR PROTOCOLS OR CONTACT CYTOGENETICS IF YOU ARE UNSURE.**

Send smaller samples in sterile saline. Send fetuses and large specimens in a clean, sterile container. If possible, send the same day. Otherwise, store at 4°C overnight. Include the placenta with any fetus. **DO NOT ADD FIXATIVE. DO NOT FREEZE.** Give gestation and details of relevant obstetric history.

**Fetuses requiring post mortem will be forwarded to Pathology at the Royal Victoria Infirmary, Newcastle, unless alternative instructions are received. Fetuses not requiring a post mortem will be returned to the referring hospital. ER/POC will be cremated by the RVI unless alternative instructions are received.** 0191 241 8796

**User Manual**

Copies of the user manual may be requested by telephone: 0191 241 8700 or downloaded from <http://www.newcastle-hospitals.org.uk/services/northern-genetics.aspx>

**High Infection Risk:** In accordance with the Health & Safety at Work Act and the COSHH Regulations, the sender must inform the laboratory of any infection risk associated with submitted sample(s).

**CYTOGENETICS, INSTITUTE OF GENETIC MEDICINE  
CENTRAL PARKWAY, NEWCASTLE UPON TYNE**

**NE1 3BZ**

**TEL 0191 241 8700 FAX 0191 241 8713**

PLACE SPECIMEN CONTAINER IN BAG AND PLACE BAG ON FLAT SURFACE. REMOVE PROTECTIVE STRIP, FOLD ONTO BAG AND SEAL FIRMLY