

(WGLS use only):

Investigation(s):

Wessex Genomics Laboratory Service (Salisbury)

Salisbury District Hospital, Salisbury, Wilts. SP2 8BJ

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E-mail: shc-tr.WRGLdutyscientist@nhs.net

Web: www.wrql.org.uk

W

DNA loc:

In before?

Initials

Referral reason:

Date of receipt:

BLOOD SAMPLES FOR RNA ANALYSIS

Diagnostic test: **R296**

PATIENT DETAILS

REFERRAL DETAILS

Provide full clinical details including any relevant family history

FORENAME

Date of birth

NHS number

Sex

Hospital number

Referring clinician

Hospital / Department / Referral centre

Clinician's contact number

NHS

Private (address for invoicing):

NHS.net email

Date of sample collection:

Collected by:

Details of previous genetic investigations:

Salisbury laboratory identifier: W

Gene to be investigated:

Variant nomenclature (HGVS):

Transcript: NM_

Any other information:

Sample requirements:

Please fill 2 x PA8d0B2 xUNLABELLED SAMPLES WILL

NOT BE PROCESSED.

In submitting this sample the clinician confirms that consent has been obtained for testing ~~SRG~~() ~~SRG~~() ~~co~~(th) ~~b~~(ct) ~~f~~(o) ~~t~~(h) ~~W~~(sed) ~~g~~(s) ~~(#)~~ ~~o~~(eb) ~~(e)~~ ~~e~~ ~~g~~ ~~i~~ ~~n~~ ~~s~~ ~~o~~ ~~r~~ ~~d~~ ~~e~~ ~~r~~ ~~s~~ ~~2~~ ~~5~~ ~~0~~ ~~0~~ ~~(#)~~ ~~t~~ ~~a~~ ~~r~~ ~~e~~ ~~t~~ ~~(o)~~ ~~g~~

ACCEPTANCE CRITERIA

The National Genomic Test Directory specifies which tests are funded by NHS England, together with their eligibility criteria (<https://www.england.nhs.uk/publication/national-genomic-test-directories/>).

Eligibility criteria for Test Directory indication **R296**: Variant(s) requiring RNA analysis to aid interpretation where a molecular diagnosis will guide management or alter advice through reclassification of a variant from ACMG class 3 to class 4 or class 5.

Clinical Genetics services are available if required for advice or discussion of rare or unusual cases.

SAMPLE COLLECTION

Please fill **2 x PAX** tubes with **2.5 ml** of blood in each tube. **Mix well** by inverting the tube after collection.

Details on both the referral form and the sample tube should be **complete and legible**. We reserve the right to refuse to process samples with incomplete, illegible or ambiguous patient information.

Any samples in the wrong tube or medium, or which are subject to significant delay in transit, are liable to be rejected. Blood samples from patients who have had a recent white cell blood transfusion may not be suitable for testing.

SAMPLE DESPATCH AND TRANSPORT

Sample and referral form should be sent **together** in a secure leak-proof package according to UN3373 shipment classification and packaging instruction P650, to arrive as soon as possible after collection (e.g. by first class post, courier service or hospital transport) and **within 48 hours for optimum results**. Outside packaging should be clearly labelled

Opening hours are 9 am - 5.30 pm Mon - Fri; please inform the laboratory of any samples likely to arrive over a weekend or bank holiday, or of anything sent by courier which might arrive outside normal working hours. If there is an unavoidable delay between the sample collection and despatch, blood or tissue may be stored in a refrigerator at 4 °C.

For current information and to download copies of our referral forms and service guides, please refer to our website: www.wrgl.org.uk