

# REQUEST FOR CELL LINE / STORAGE



Surname:	Forename(s):	Date of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
NHS No:	Hospital No:	Hospital (in full):	
Depositor / Consultant (surname in full):		Dept:	Tel:

Depositor / Consultant address:

**EVIDENCE OF CONSENT IS REQUIRED FOR SAMPLES TO BE PROCESSED:**

**Samples submitted for Research purposes:**  
It is the principal investigator's responsibility to ensure that this sample has been obtained after patient / carer consent under a protocol approved by a Research Ethics Committee.

Principal Investigator's signature: .....

**Samples submitted for Diagnostic purposes:**  
It is the referring clinician's responsibility to ensure that the patient/carer knows the reason for taking the sample and that this sample will be stored and used in future diagnostic tests.

Clinician's signature: .....

**PLEASE COMPLETE THE SECTION BELOW**

**REQUEST**

Cell Line

Storage ONLY

Other (specify) →

**SAMPLE TYPE**

Blood **Use AcidCitrateDextroseA or Sodium HEPARIN tube**

Date sample taken →

High infection risk? Give details →  HIV  HEPATITIS

SEE OVERLEAF FOR DETAILED SAMPLE REQUIREMENTS

Diagnosis / Information :

----- Fold along dotted line -----



**DELIVERY ADDRESS:**

**Genetics Cellbank**  
**Genetic Medicine**  
**6th Floor, St Mary's Hospital**  
**Oxford Road**  
**Manchester**  
**M13 9WL**  
**UNITED KINGDOM**

**SERVICE INFORMATION**

For detailed lab and referral information, please see our website:  
[www.mangen.org.uk](http://www.mangen.org.uk)

**Our lab opening hours are:**  
09:00—17:00 Monday to Friday

**CONTACT INFORMATION**

General Enquiries—0161 276 6499      Head of Cellbank —0161 276 6469  
Fax—0161 276 6606                              Quality Manager—0161 276 6741

**SAMPLES REQUIRED**

**Blood samples**—use **AcidCitrateDextrose-A** or **Sodium HEPARIN** tube ONLY. Adults 10-20ml required. Children, 2-10ml required.  
**Other samples**—by arrangement with the laboratory  
**Storage**— Store samples at **ROOM TEMPERATURE. DO NOT CHILL OR FREEZE.**  
**Samples** to arrive in the laboratory within 48hrs between Monday & Friday

**HIGH RISK SAMPLES**

The sender has the responsibility for minimizing the risk to laboratory staff by giving sufficient information to enable them to take appropriate safety precautions when testing a specimen. If a specimen is known to present an infection hazard, it must be clearly labelled "Danger of infection".

**PACKAGING**

The sample and referral card should be sealed separately in a biohazard bag to prevent contamination of paperwork in the event of leakage. **All packaging should conform to UN650 standards.**

**ADDITIONAL INFORMATION (LAB USE ONLY)**

Date booked in: .....

Processed by: .....

Tissue: .....

Volume: .....

Anticoag<sup>nt</sup>: .....

**Bar-code label / Lab No.**

Date received: