North West Regional Molecular Genetics Service, Saint Mary's Hospital.

REQUEST / AUTHORISATION FOR EXPORT OF SAMPLES FOR GENETIC TESTING

If a molecular genetic test is not available within the NW Regional Molecular Genetics Laboratory we can arrange sample processing and export for testing in an external laboratory. However the referral centre will be invoiced for the work. This form must be completed for **ALL** samples exported for molecular genetic testing (irrespective of whether or not testing incurs a cost) and returned to: **Duty Scientist, Regional Molecular Genetics Service, Genetic Medicine (6th Floor), Saint Mary's Hospital, Oxford Road, Manchester M13 9WL.** Please note that failure to send this may result in a delay in testing.

Priority : URGENT PRENATAL / URGENT PREDICTIVE / ROUTINE (delete as necessary) **Date requested**: / /

Note: It is **ESSENTIAL** that you warn the Duty Scientist by telephone in advance of referring an urgent sample for export.

Patient Name: **Patient date of Birth**: / /

Your Reference: **NHS No.**:

Has the sample already been sent to the lab? Yes / No (delete as appropriate) (if yes state when it was sent: / /)

(If no state when it is expected: / /)

Sample to be sent to

- For urgent referrals or exports destined to be sent outside the UK do **NOT** use a PO Box no.
- If you leave this blank the laboratory will attempt to identify the most appropriate services.
- If assistance is required regarding available services and current charges advice can be obtained from the laboratory Duty Scientist (see below).

Please state the tests required including relevant clinical details (include details of other family member(s) tested / specific mutations). Feel free to attach further letters/pedigrees/correspondence as necessary (see below).

Name of referring Consultant requesting export (for invoicing and reporting the results):

Speciality: **Hospital**:

Tel: **Authorising Signature**:

Please give the name and address for invoicing in a separate letter if different from the referring consultant.

Additional documentation: Please indicate any further items to accompany this export (tick in box):

Letter : ☐ Pedigree: ☐ Other: ☐ Please specify:

This export will not be processed until all the relevant attachments are available to accompany the sample.

Please note that where possible an aliquot of all DNA samples processed by the NW Regional Molecular Genetics Service are archived for possible future molecular genetic testing. Further copies of this form are available for download at http://www.mangen.org.uk/professionals/making-a-referral.aspx. **For any questions regarding exports please contact the Duty Scientist (Tel: 0161 276 6122).**

For Laboratory Use Only – Date sample exported: / / Exported by: