

Willink Laboratory: NW Regional Genetics Laboratory Services, Saint Mary's Hospital.

REQUEST / AUTHORISATION FOR EXPORT OF SAMPLES FOR BIOCHEMICAL GENETIC TESTING

If a biochemical genetic test is not available within the NW Regional 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 biochemical genetic testing (irrespective of whether or not testing incurs a cost) and returned to: **Principal Scientist, Willink Laboratory, NW Regional Genetics Laboratory Services, 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 / ROUTINE (delete as necessary)		Date requested: / /	
Note: It is ESSENTIAL that you warn the Principal Scientist by telephone on 0161 701 2140 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? (delete as appropriate)		Yes / No	(if yes state when it was sent: / /) (If no state when it is expected: / /)
Sample to be sent to (please leave blank unless you know a specific address for the sample to be sent to):			
<ul style="list-style-type: none"> • Leave this blank and the laboratory will identify the most appropriate services. • If assistance is required regarding available services and current charges advice can be obtained from the laboratory Principal Scientist (see below). 			
Please state the tests required including relevant clinical details (include details of other family member(s) tested). 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 :	<input type="checkbox"/>	Pedigree:	<input type="checkbox"/>
		Other:	<input type="checkbox"/>
Please specify:			
This export will not be processed until all the relevant attachments are available to accompany the sample.			

Further copies of this form are available on the Mangen website www.mangen.com.uk **For any questions regarding exports please contact the Principal Scientist (Tel: 0161 701 2140).**

For Laboratory Use Only – Date sample exported: / /	Exported by:
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Important note: The complete history of this document including its author, authoriser(s) and revision date, can be found on Q-Pulse

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