

Patient details or Anonymised Sample reference		Referring Clinician / Principal Investigator	
Surname / Sample reference:		Clinician / Principal Investigator (name in full):	
Forename:		Centre / Hospital (in full):	
DoB:	NHS No:	Department:	Tel:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hospital No:	Invoicing Address:	
Address:		Postcode:	
Postcode:			

Sample Information	Request Details
<p>High Infection Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please call the SCCS lab</i></p> <p>Date Taken:</p> <p>Blood Tube Requirements (either tube)</p> <p> <input type="button" value="Acid Citrate Dextrose"/> <input type="button" value="Sodium Heparin"/> <input type="button" value="EDTA"/> </p>	<p> <input type="checkbox"/> Cryopreservation (storage) only <input type="checkbox"/> Establish continuous cell line (LCL) <input type="checkbox"/> Lymphocyte Culture for RNA Studies <input type="checkbox"/> Other (specify in the box below) </p> <p>By sending this sample the referrer agrees to pay all charges incurred. Costs can be obtained from the laboratory.</p> <p>Guidance overleaf and at ManGen.org.uk</p>

Evidence of Consent is Required for Submitted Samples to be Processed

Research Samples – Consent Statement
It is the Principal Investigator's responsibility to ensure that this sample has been obtained with patient / carer consent under a protocol approved by a Research Ethics Committee.

Principal Investigator's Signature:

Diagnostics Samples – Consent Statement
It is the referring clinician's responsibility to ensure that this sample has been obtained with consent, the patient / carer understands the reason for taking the sample and that this sample will be stored and used in future Diagnostics tests.

Clinician's Signature:

Research Study / Other request details

<h2>Genomic Diagnostics Laboratory Use Only</h2>				GDL Barcode
SCCS Lab Number:		Date/Time Stamp:		
Indication:	NF1	JSLE	EMQN	Breast Cancer
	Fanconi Anaemia	Immunology	Other:	
Blood Samples:		LCL's:		
Tube Type:	ACD EDTA Other:	Culture		Cryovial
Condition:		Condition:		
Volume:		Quantity:		
Ampoules (Excl STC):	STC Request: Y / N	Other:		
Fibroblasts:		Cell Type (Specify):		
Culture Cryovial		Culture		Cryovials
Condition:		Condition:		
Quantity:		Quantity:		
DNA ref:	Cyto ref:	Willink ref:	EMQN ref:	
Comments: (With Initials)				
Duty Scientist:	Booked in:	Sent to DNA:	Processed by:	Freezing media:

Director of Laboratories: Dr L Gaunt PhD FRCPath

Email: lorraine.gaunt@cmft.nhs.uk

Telephone: 0161 276 6506

Fax: 0161 276 6145

Genomic Diagnostics Laboratory (GDL)

Manchester Centre for Genomic Medicine (MCGM)

Central Manchester University Hospitals NHS Foundation Trust

6th Floor, Saint Mary's Hospital, Oxford Road, Manchester, M13 9WL

Guidance Notes – Specialised Cell Culture Service Request Form – V3.0

Patient details or Anonymised Sample reference

For diagnostic samples, patient details should be completed fully. The following are mandatory:

- Surname & Forename
- Date of Birth (DoB)
- NHS Number (10 digits)
- First line of Address & Postcode

For research samples, please quote the anonymised sample Reference if given.

Sample Information

High Infection Risk: In accordance with the Health & Safety at Work Act and the COSHH Regulations, the laboratory must be informed of any infection risk associated with submitted samples.

The sender has the responsibility for minimising the risk to laboratory staff by giving sufficient information to enable the laboratory to take appropriate safety precautions when testing a specimen.

Unfortunately, due to the extensive periods of cells in culture, the SCCS lab is unable to process high risk samples. Please telephone the laboratory prior to sending to discuss alternative procedures.

Store sample at room temperature overnight if required, DO NOT chill, freeze or expose to heat. The sample must arrive in the laboratory within 48 hours of being taken. We are able to accept samples between 9am and 4pm Mon-Thurs and between 9am and 1pm on Fridays.

- **Venous Blood:** Acid Citrate Dextrose tube, Sodium Heparin tube or EDTA tube.
 - 6-10ml for adults.
 - 2-10ml for children.
- **Other Sample Types:** by prior arrangement only.

Sample Packaging: The sample should be sealed in a biohazard bag. To prevent contamination of the referral form / paperwork in the event of a leakage, the sample should be sealed separately. All packaging should conform to UN650 standards (applied to UN3373 – Biological Samples, Category B).

Research Study / Other request details

Research: Please give the name of the study and ensure the Principal Investigator name and invoicing details have been Provided in the designated space above. All new studies MUST be notified and acceptance by the SCCS agreed in advance of sending. Please contact the Specialised Cell Culture Service (SCCS).

Other request details: Please specify your requirements. For recovery of cryopreserved cells, please state the amount of material required. If you require export of material, please provide the full address and telephone contact details for the recipient along with copies of any referral documentation.

Referring Clinician / Principal Investigator

Referring Clinician or Principal Investigator name is mandatory, initials are not acceptable as the laboratory can not identify the consultant or researcher.

Centre / Hospital should be clearly identifiable, initials are not acceptable as the laboratory can not identify the hospital.

Department should be clearly identifiable, initials are not acceptable as the laboratory can not identify the department.

Invoicing Address should be given in full as the referrer agrees to pay all charges incurred by sending this sample.

Consent Statement – Research Samples

It is the Principal Investigator's responsibility to ensure that the sample has been obtained with patient / carer consent under a protocol approved by a Research Ethics Committee.

Consent Statement – Diagnostics Samples

It is the referring clinician's responsibility to ensure that the sample has been obtained with consent, the patient / carer understands the reason for taking the sample and that the sample will be stored and used in future Diagnostics tests.

Evidence of consent is required for submitted samples to be processed; samples without consent will not be accepted.

Request Details

Please ensure that you complete the request details.

Cryopreservation: Peripheral blood samples will undergo separation of lymphocytes prior to cryopreservation. Other cell types will be collected and preserved as appropriate.

Establish continuous cell line (LCL): Lymphocytes will undergo EBV transformation to create a continuous lymphocyte cell line (LCL).

Lymphocyte Culture for RNA Studies: cells are treated to increase the RNA yield and harvested.

If you are unsure of your requirements, please contact the laboratory and ask for a member of the Specialised Cell Culture Service (SCCS) team.

GDL Contact Details

Website: www.ManGen.org.uk

Telephone: 0161 276 6553 **Secure Fax:** 0161 276 6238
Laboratory Opening Hours: 09:00 – 17:00, Monday to Friday

Delivery Address

**Genomic Medicine, 6th Floor,
 Saint Mary's Hospital, Oxford Road,
 Manchester, M13 9WL, United Kingdom.**