

# REGIONAL GENETICS LABORATORIES TEST REQUEST

All tests requested will be reviewed against departmental criteria. If testing is not arranged, the samples will be stored and the referring clinicians informed. After testing, samples may be used anonymously for the development of new tests and for quality monitoring.

Surname		Date of Birth		Age at Presentation		Venous blood samples: Adult: 5ml; Children: 1-5ml	
First Names				Sex		<input type="checkbox"/> DNA test: EDTA tube	
NHS Number				Ethnicity		Sample obtained by	
Hospital Number			Family Number			Signature.....	
Home Address						Printed Name .....	
Postcode						Date .....	
Consultant (Print)			Hospital			Billing to: see reverse      Private Patient: <input type="checkbox"/>	
Consultant Address						In Submitting this sample, the clinician confirms that consent has been obtained for:	
Postcode						a) Testing and Storage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address (nhs.net preferred)						b) The use of this sample and the information generated from it to be shared with members of the patient's family and their health professionals (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Results to (if different from above) inc email address (nhs.net preferred)							
<b><u>Clinical Synopsis - including results from laboratory testing and relevant family history</u></b>							
Tests Required:  <b>ThromboGenomics on GEMINI</b>				Gene(s):			
Gestation in weeks (If pregnant):							
Partners Name and DOB:							
Index Case (if not this patient):							

The Laboratory does NOT report results via the telephone

**All samples MUST be labelled with FULL name, date of birth and NHS number (or hospital number) that matches the details on this referral form.**

**Processing of samples will be delayed if this information is incomplete**

**Send fresh EDTA blood samples at room temperature**

**by 1<sup>st</sup> class post or courier to:** East Anglian Medical Genetics Service,  
 Genetics Laboratories, Box 143,  
 ATC Level 6, Addenbrooke's Hospital,  
 Hills Road, Cambridge, CB2 0QQ

**Laboratory opening hours:** 8.30am - 5.30pm Monday to Friday

**Telephone:** 01223 348866

**Email:** [geneticslaboratories@nhs.net](mailto:geneticslaboratories@nhs.net)

**For information about the ThromboGenomics test:**

please visit <http://thrombo.cambridgednadiagnosis.org.uk/>

or

contact Kate Downes [katedownes@nhs.net](mailto:katedownes@nhs.net)

**ThromboGenomics on GEMINI**

£650 for UK NHS patients

£975 for private and international patients

Reporting time - 16 weeks

**Billing information**

Contact Name	
Email address	
Address	
Postcode	
Reference	

**Samples will not be processed without billing information.**

**The Laboratory does NOT report results via the telephone.**

**CUH Laboratory Use Only:**

Receipt date and time:		Other Information:
Volume:	No of tubes:	
Tube type:		