(WGLS use only):

W | | | | | | | |

DNA loc:

In before? Initials

Date of receipt:

Investigation(s):

Referral reason:

Wessex Genomics Laboratory Service (Salisbury)
Salisbury District Hospital, Salisbury, Wilts. SP2 8BJ
Tel.:+44(0)2381 207100
E-mail: shc-tr.WRGLdutyscientist@nhs.net
Web: www.wrgl.org.uk

UKAS MEDICAL
9005

BLOOD SAMPLES FOR RNA ANALYSIS

Diagnostic test: **R296** ☐ Research study ☐ *(tick as appropriate)*

PATIENT DETAILS

SURNAME	**FORENAME**
Date of birth	NHS number
Sex	Hospital number
Referring clinician	Hospital / Department / Referral centre
Clinician's contact number NHS.net email	NHS Private (address for invoicing):
Patient's postcode	Additional copies to:

Date of sample collection: Collected by:

REFERRAL DETAILS

Provide full clinical details including any relevant family history

Details of previous genetic investigations:

Salisbury laboratory identifier: W | | | | | | | |

Gene to be investigated: Variant nomenclature (HGVS):

Transcript: NM_ Any other information:

Sample requirements:

Please fill **2 x PAX** tubes with 2.5 ml of blood in each tube, complete the identifying labels with NAME, DATE OF BIRTH and HOSPITAL/PATIENT NUMBER, then return tubes immediately with this referral form to the laboratory in a secure box or envelope. If transport is unavoidably delayed, store sample temporarily in a refrigerator at 4 °C.

N.B. UNLABELLED SAMPLES WILL **NOT** BE PROCESSED.

NHS University Hospital Southampton NHS Foundation Trust

In submitting this sample the clinician confirms that consent has been obtained for testing and storage. Anonymised stored samples may be used for quality control procedures including validation of new genetic tests.

NHS Central & South Genomic Laboratory Hub

ACCEPTANCE CRITERIA

The National Genomic Test Directory specifies which tests are funded by NHS England, together with their eligibility criteria (https://www.england.nhs.uk/publication/national-genomic-test-directories/).

Eligibility criteria for Test Directory indication **R296:** Variant(s) requiring RNA analysis to aid interpretation where a molecular diagnosis will guide management or alter advice through reclassification of a variant from ACMG class 3 to class 4 or class 5.

Clinical Genetics services are available if required for advice or discussion of rare or unusual cases.

SAMPLE COLLECTION

Please fill **2 x PAX** tubes with **2.5 ml** of blood in each tube. **Mix well** by inverting the tube after collection.

Details on both the referral form and the sample tube should be **complete and legible.** We reserve the right to refuse to process samples with incomplete, illegible or ambiguous patient information.

Any samples in the wrong tube or medium, or which are subject to significant delay in transit, are liable to be rejected. Blood samples from patients who have had a recent white cell blood transfusion may not be suitable for testing.

SAMPLE DESPATCH AND TRANSPORT

Sample and referral form should be sent **together** in a secure leak-proof package according to UN3373 shipment classification and packaging instruction P650, to arrive as soon as possible after collection (e.g. by first class post, courier service or hospital transport) and **within 48 hours for optimum results.** Outside packaging should be clearly labelled **'PATHOLOGICAL SAMPLE FOR DELIVERY TO GENETICS'.**

Opening hours are 9 am - 5.30 pm Mon - Fri; please inform the laboratory of any samples likely to arrive over a weekend or bank holiday, or of anything sent by courier which might arrive outside normal working hours. If there is an unavoidable delay between the sample collection and despatch, blood or tissue may be stored in a refrigerator at 4 ^{o}C.

For current information and to download copies of our referral forms and service guides, please refer to our website: www.wrgl.org.uk