Lothian University Hospitals NHS Trust

# Molecular Haematology Request Form

Please note that MANDATORY FIELDS are indicated by red text

| Patient Details<br>AFFIX PRINTED LABEL OR WRITE CLEARLY | | | | Requestor Details<br>RETURN REPORT TO | |
|---|---|---|---|---|---|
| CHI Number | | | | Hospital | |
| Hospital Number | | | | Ward/Department | |
| Surname | | | | Consultant | |
| Forename | | | | Requestor | |
| DOB | | Sex | M/F | Copy report to: | |
| Address<br><br>Post Code | | | | | |

| Specimen Type: VB/DNA/CVS/Other (*please specify*) | Date and Time of Collection: |
|---|---|
| | |

**Clinical Information:**

| Bleeding Score | |
|---|---|

| Genetic analysis required:<br>*(See reverse of form for additional information on sample requirements)* | | Baseline Results: *please provide at least 3 results* | | | |
|---|---|---|---|---|---|
| | | Dates | | | |
| Haemophilia A (*F8*) | ☐ | FVIII:C | | | |
| Haemophilia B (*F9*) | ☐ | FIX:C | | | |
| Von Willebrand Factor (*VWF*) | | | | | |
| Type 1 | ☐ | FVIII:C | | | |
| Type 2A/2B/2M/2N | ☐ | VWF:Ag | | | |
| Type 3 | ☐ | VWF:RCo | | | |
| Unclassified | ☐ | | | | |
| Factor V deficiency (*F5*) | ☐ | FV:C | | | |
| Combined FV and FVIII deficiency (*LMAN1* and *MCFD2*) | ☐ | FV:C and FVIII:C | | | |
| Factor VII deficiency (*F7*) | ☐ | FVII:C | | | |
| Factor X deficiency (*F10*) | ☐ | FX:C | | | |
| Factor XI deficiency (*F11*) | ☐ | FXI:C | | | |
| Fibrinogenaemia (*FGA, FGB, FGG*) | ☐ | Fibrinogen (Ag and Clauss) | | | |
| Antithrombin deficiency (*SERPINC1*) | ☐ | AT levels | | | |
| Protein C deficiency (*PROC*) | ☐ | PC levels | | | |
| Protein S deficiency (*PROS1*) | ☐ | PS levels | | | |
| Platelet disorder – delete as appropriate<br>PT-VWD / MYH9-RD / Bernard Soulier / Glanzmanns Thrombasthenia | ☐ | Platelet count; *please detail relevant morphology* | | | |
| Other (*please specify*) | | | | | |

**Has any genetic testing previously been carried out in this family? YES/NO**

If yes please provide the following details; *pedigree/family number, name of index case, relationship to index case, mutation detected (nucleotide number and amino acid change) and attach a copy of family tree where available*

| Signature of Requestor<br>(Please note by signing this box you are confirming that this test is clinically appropriate and that full consent has been obtained for genetic investigation – **ANY LIMITATIONS TO CONSENT MUST BE DISCLOSED TO THE LABORATORY**) | |
|---|---|

**MOLECULAR HAEMATOLOGY DEPARTMENT, ROYAL INFIRMARY OF EDINBURGH TELEPHONE: 0131 242 7144**

**Please note that, in accordance with the requirements of the Human Tissue Act, it is the responsibility of the referring clinician to ensure that appropriate informed consent has been obtained before any genetic testing is undertaken. The laboratory must be informed of any restrictions to this consent (e.g. storage of sample, use of an individual's genetic information in family studies).**

# ROYAL INFIRMARY OF EDINBURGH MOLECULAR HAEMATOLOGY DEPARTMENT
# TELEPHONE 0131 242 7144

## SPECIMENS AND TRANSPORT FOR GENETIC ANALYSIS

**Please ensure that all samples are clearly labelled in compliance with the minimum data set requirements of full name, date of birth and CHI number.**
**Samples MUST be accompanied by a fully completed request form. Failure to complete all mandatory sections of the request form may result in delays in processing samples. The laboratory reserves the right to review all test requests and may send referrals to other laboratories where necessary.**
Specimens must not be allowed to come into contact with the request form and should be kept physically separated by using appropriate specimen bags.
Specimens should be dispatched by post or courier. They must be packed in a rigid crushproof container (i.e. a Safebox) according to current Post Office regulations.
All samples should be kept at room temperature and sent directly to the laboratory as soon as possible by first class post. If a delay in sending samples is unavoidable; blood samples should be refrigerated overnight and samples for prenatal diagnosis (AF or CVS) stored at room temperature. DO NOT FREEZE SAMPLES.
**Pre-natal diagnostic samples and other urgent samples** – These should be discussed with the laboratory prior to dispatch, alternative arrangements may be necessary, e.g. courier service delivery, as same day transit is recommended.
It is not advisable to post samples to the laboratory on a Friday or on the day preceding a bank holiday

**Send samples at room temperature by 1st class post to:**

Molecular Haematology Department
Haematology Laboratory
Royal Infirmary of Edinburgh
Little France Crescent
Old Dalkeith Road
EDINBURGH
EH16 4SA

**Sample Types**

Routine Analysis
2 x 3ml blood in EDTA or citrate anticoagulant
Or
150µl DNA

Prenatal diagnostic samples
Contact laboratory to discuss

**Laboratory Working Hours**

8:45am-5:00pm Monday-Friday

- This laboratory follows the recommendations laid down by the Joint Committee on Medical Genetics guidance document "Consent and Confidentiality in Genetic Practice April 2006"
- This document places responsibility for informed consent upon the requesting clinician. **Hence on sample receipt this laboratory presumes the clinician has obtained valid consent for the processing and storage of the sample.**