TDL Genetics
The Doctors Laboratory Ltd
The Halo Building
1 Mabledon Place
London WC1H 9AX
Tel: 020 7307 7409
Email: tdlgenetics@tdlpathology.com
Web: tdlpathology.com/tdlgenetics

CLINICIAN

Doctor

Address

Tel Email

Additional copy of results to:

TAP1929F/16-09-26/V20

SURNAME		DOB	Patient Ref. No.	Gestation
FORENAME	TITLE			

Clinical Details – include reason for test request and family history
(Please complete this box – details are crucial for analysis and interpretation)

Identified gender	☐ M ☐ F
Biological sex (if different)	☐ M ☐ F

PRENATAL NT: Risk: Abnormal U/S Findings:

No of fetuses:

PRENATAL ASSAYS

- ☐ **Amnio / CVS PCR only* ****
- ☐ **Amnio / CVS PCR* ****
  With appropriate reflex to karyotype/array
- ☐ **Amnio / CVS Karyotype only***
- ☐ **Amnio / CVS Array only***
  (maternal EDTA required)
- ☐ **Fetal Blood PCR*** (maternal EDTA required)
- ☐ **Fetal Blood Array*** (maternal EDTA required)
- ☐ **Fetal Blood Karyotype*** (maternal EDTA required)
- ☐ **POC Array***
- ☐ **POC Karyotype*** with reflex to molecular testing in the event of culture failure
  Material from miscarriage samples can be collected upon request at time of referral. Please see consent form. Full details of sensitive disposal can be found in the lab guide.
- ☐ **Microdeletion FISH**
  Specify microdeletion/chromosome region

Fee for either option below included in test price

***Fetal sex to be reported**
☐ Yes ☐ No

****Cystic Fibrosis p.(Phe508del)**
Only available as part of amnio/CVS PCR
☐ Yes ☐ No

- ☐ **Maternal cell contamination studies to be reported**
  Additional charge applies (maternal EDTA required)

POSTNATAL ASSAYS

- ☐ **Blood PCR (T13, T18, T21, X and Y)**
- ☐ **Chromosome Analysis Karyotype - Blood**
- ☐ **Chromosome Analysis Karyotype - G banded slide**
- ☐ **Chromosome Analysis Karyotype - Postnatal skin biopsy**
- ☐ **Postnatal Array**
- ☐ **Targeted Array/Parental Follow up**
  Specify gain/loss/syndrome

Other tests:

DNA ASSAYS

- ☐ **Cystic Fibrosis 139 Variant Screen**
- ☐ **Y Chromosome AZF Microdeletions**
- ☐ **HFE-related Hereditary Haemochromatosis - p.(Cys282Tyr), p.(His63Asp)**
- ☐ **Extended Haemochromatosis/Iron Regulatory Gene Panel**
- ☐ **Factor II Prothrombin - c.*97G>A**
- ☐ **Factor V Leiden - c.1601G>A**
- ☐ **MTHFR - c.665C>T, c.1286A>C**
- ☐ **Duchenne/Becker Muscular Dystrophy**
- ☐ **Spinal Muscular Atrophy**
- ☐ **Prader Willi/Angelman Syndrome Methylation**
- ☐ **CYP2C19**
- ☐ **APOE genotyping**
  Please include reason for testing. If testing is for Alzheimer's disease risk, informed consent is required
- ☐ **HLA-B*27**
- ☐ **HLA Typing**
  Specify gene/allele/resolution
- ☐ **Paternity/Maternity Testing**
- ☐ **DNA Identity Profile**
- ☐ **DNA Extraction and Storage**
  for 3 years unless otherwise stated
- ☐ **UPD** specify chromosome
- ☐ **Fragile X/FMR1 Repeat Expansion**

PROFILES

- ☐ **Male Genetic Reproductive Profile**
  Y Chromosome Microdeletion DNA Studies / Cystic Fibrosis Carrier Screen / Chromosome analysis (Karyotype)
- ☐ **Iron Overload Profile**
  Iron / Total Iron Binding Capacity / Ferritin / Haemochromatosis mutation
- ☐ **Ashkenazi Jewish Carrier Screen** (see lab guide for details)
- ☐ **Pan Ethnic Carrier Screen** (see lab guide for details)

Fee to be paid by: ☐ Dr/Clinic ☐ Patient ☐ Insurance

Insurance Co. Membership No.

Patient address

Postcode Contact telephone number

Tick if a Letter of Guarantee is required ☐

Laboratory notes:

For Practice Use Only:

EDTA	LH	AMNIO	CVS	POC	OTHERS

Sample Date | Sample Time

For TDL Genetics Use Only:

EDTA	LH	AMNIO	CVS	POC	OTHERS

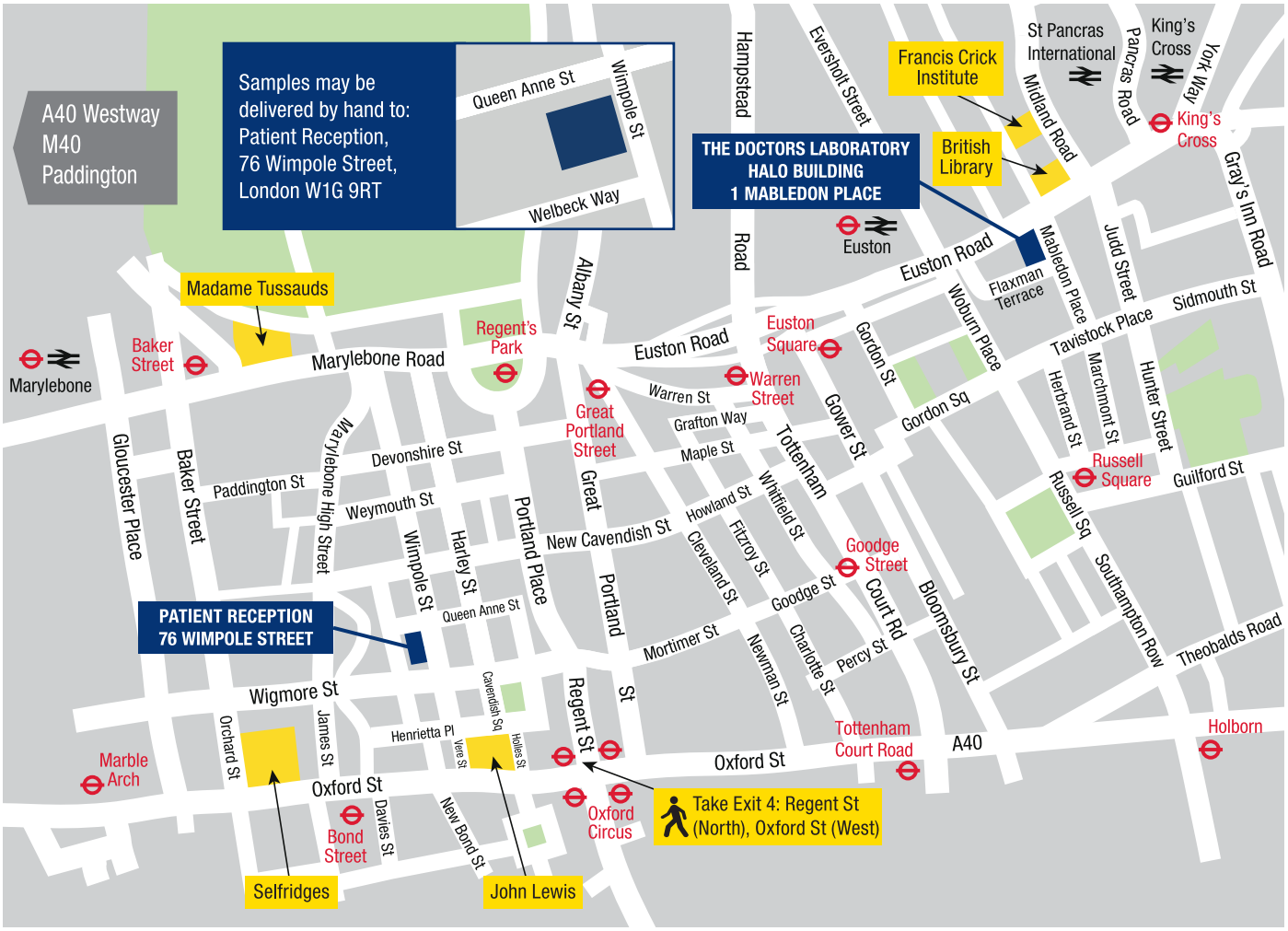
Analysis

Date/Time received:

For further test information or sample requirements please refer to Laboratory Guide or contact Dr Lisa Levett on 020 7307 7409.

Patient Consent: Patient consent is inferred upon the receipt of a completed request form and appropriate sample, unless otherwise stated in the laboratory guide. It is the responsibility of the referring clinicians to ensure appropriate consent has been obtained.

TDL GENETICS



SENDING SAMPLES TO THE LABORATORY

Transport Arrangements

All specimens should be kept at room temperature and despatched to the laboratory as soon as possible, by TDL/international courier, first class post, guaranteed next day delivery or a reliable alternative.

If a delay in sending the sample is unavoidable, please refrigerate overnight – DO NOT FREEZE. Specimens must not be allowed to come in contact with request forms, but should be kept separate by using dual – pocketed plastic bags. Specimens for inland postage must be packed in a rigid crush-proof container according to current Post Office guidelines. IATA guidelines should be followed for international transport (Advice is available from the laboratory).

Labelling of High Risk Samples

Please note that it is the responsibility of the referring clinician to ensure that high-risk samples are clearly identified to reduce the risk of infection to staff and others.

Patient Details on Request Forms and Samples

Request and consent forms are available directly from TDL Genetics.

In order to avoid unnecessary time spent in obtaining details please provide the following information:

Information for request forms:

- Surname, forename (not initials) and date of birth
- Full name (not initials) and location of referring clinician
- Full address of clinician to whom the result should be sent
- Legible clinical summary, including details of any relevant family history
- Address for billing – Doctor, patient or other
- Gestation on prenatal samples
- Hospital or reference number
- Test required

Essential information on sample container label:

- Patients surname and forename (not initials)
- Date of birth
- Hospital number or reference number

Consent Forms

Consent forms (at the back of this booklet) are available for genetic testing. As genetic testing may have implications for other family members and is regarded as personal data, it is recommended that written consent is obtained wherever possible. In cases with predictive testing for severe disorders, as indicated in the laboratory guide, it is essential that patients should also be offered formal genetic counselling. It is the responsibility of the referring clinician to obtain appropriate consent from the patient.

Unlabelled Samples

Unlabelled samples will ONLY be processed if the individual who took the sample can confirm the sample is from the patient in question. In the absence of this assurance, the sample will be discarded and a repeat required.

Genetic/Genomic Testing Consent Form

TDL GENETICS

The Halo Building, 1 Mabledon Place, London WC1H 9AX
Tel: 020 7307 7409 Fax: 020 7307 7350
Email: tdlgenetics@tdlpathology.com

Patient or Guardian

I consent to be tested for the genetic test(s) which have been explained to me.

Signed _____ Date _____

Doctor

I have explained the purpose of obtaining a blood or tissue sample for genetic testing.

Signed _____ Date _____

I have discussed genomic/genetic testing with my health professional and I understand that:

Family implications

The results of my test may have implications for other members of my family. I acknowledge that my results may sometimes be used to inform the appropriate healthcare of others. This could be done in discussion with me, or in such a way that I am not personally identified by this process.

Uncertainty

The results of my test may reveal genetic variation whose significance is not yet know. Deciding whether such variation is significant may require sharing of information about me including (inter)national comparisons with variation in others. I acknowledge that interpretation of my results may change over time as such evidence is gathered.

Unexpected information

The results of my test(s) may reveal a chance of a disease in the future, and nothing to do with why I am having this test. This may be found by chance, while focusing on the reason for my test, and I may then need further tests to understand what this means for me. If these additional findings are to be looked for, I will be given more information about this.

DNA storage

Normal laboratory practice is to store the DNA extracted from my sample even after current testing is complete. My sample might be used as a quality control for other testing, for example, that of family members.

Data storage

Data from my test will be stored to allow for possible future interpretations.

Health records

Results from my test and my test report may be part of my patient health record.

Sensitive Disposal of Pregnancy Tissue (Including Fetal Tissue)

☐ I consent for TDL Genetics to arrange for sensitive disposal via incineration of any pregnancy tissue that is not required for genetic testing. I understand there will be no ashes.

☐ I wish to collect any remaining pregnancy tissue, for me to make my own arrangements.

Please contact me by telephone/email: _____

Failure to select either option will automatically default to sensitive disposal via incineration after 6 weeks. If you require any further information, please contact the genetics laboratory.