**PATIENT DETAILS**

**CLINICAL BIOCHEMISTRY GENETICS SERVICE**

**CHARING CROSS HOSPITAL**

Send blood in EDTA. Paediatric: 0.5-3ml, Adult: 3-8ml

**MOLECULAR GENETICS TEST REQUEST**

|  |  |  |
| --- | --- | --- |
| Surname: | Forename: | Date of birth: |
| Address: Postcode: | Sex: Male Female |
| Ethnic Origin: |
| Consultant:(Surname in full) |
| Hospital: |
| GP details:  | Dept: |
| NHS No: |  | Consultant Tel / Fax number/email: |
| Hospital No: |  | Copy report to: |
| Clinical Genetics no: |  | Type: NHS Private |
| High risk of infectious disease? **Y / N** If yes, please specify risk (if information not provided, sample will not be processed): |

**TEST DETAILS**

|  |  |
| --- | --- |
| **Reason for request / Clinical indication:**Include gene details, pedigree & details of familial mutation (if relevant). If pregnant, please include gestation. | **Test Required:**Urgent/Routine |
| Date sample taken: |  | Time sample taken: |  |
| Sample type: |  |  |  |

**Consent statement**

It is the referring clinician’s responsibility to ensure that the patient/carer has consented to the test and knows that the sample will be stored for future testing, audit or quality control purposes unless otherwise advised.

Referring clinician signature: ………………………………………………………………………………….

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Imperial College Healthcare NHS Trust **Tel No. 0203 313 5921/0348**

Clinical Biochemistry[**https://www.nwlpathology.nhs.uk**](https://www.nwlpathology.nhs.uk)

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