

Request for Genetic Testing

*This form must be filled out completely, using **BLOCK CAPITALS**
 Please see reverse page for instructions on submitting samples*

Sample Type:	Surname:	Hospital Name:	
	First Name(s):	Patient's Hospital Record No.:	
Sample Collection: Date:..... Time:.....	Home Address:	Date of Birth (DOB):	Sex:
Name of person taking sample:	Consultant/GP (First Name and Surname): Specialty: _____	Biologix Pedigree No. (internal use):	
Referring Hospital Pathology/Dispatch No:		Ward/Clinic/Surgery address & contact number:	Send additional copies of report to:
Genetic Test(s) Requested: New born screening for Sickle Cell Anaemia Other Genetic test (please specify)			
Current Diagnosis (if any):			
Clinical Information:			
If relevant, please circle one if the following: Affected / Unaffected / Carrier Status / Unknown			
Family History: (include details of name & DOB of index case & relationship) Mothers blood genotype: Fathers Blood genotype:			
<i>For completion by the referring clinician/GP: I have discussed this test with my patient/their guardian and the patient/guardian understands the implications of the test.</i>			
Signature:..... Name (in block capitals): Contact Number:.....			
<i>Please note: All DNA from samples processed by the Biologix is stored for up to 6months, after which it will be discarded.</i>			
Biologix lab no (internal use only):	<input style="width: 150px; height: 20px;" type="text"/>	Date/time of receipt (internal use only):	

Instructions for Submitting Samples for Genetic Testing

PLEASE NOTE THAT INCOMPLETE, INCORRECT OR ILLEGIBLE LABELLING OF FORMS AND/OR SAMPLES, OR USE OF INCORRECT SAMPLE TUBES, MAY RESULT IN DELAYS OR REJECTION OF SAMPLES.

Requirements: Samples and request forms must generally contain full name (forename name and surname) and DOB *or* Hospital Number. In instances where a forename has not been established for a newborn baby, samples and request forms must contain surname, DOB *and* Hospital Number. Sample tubes and referral paperwork must agree with each other.

MOLECULAR GENETICS (DNA Analysis):

- Adults- 3-5ml of venous blood in EDTA anticoagulant.
- Infants- 1ml of venous blood in EDTA anticoagulant. (DNA can be extracted from smaller blood samples (0.5ml) if necessary).

Send samples for molecular genetics at room temperature by post or courier. Refrigerate if there is a delay before posting.

MOLECULAR GENETICS REQUESTS FOR TESTS NOT PERFORMED IN BIOLOGIX:

- Biologix can give a referral for other genetic tests on several diseases/conditions for which tests are not available locally, and for which we provide a referral service, which includes DNA preparation. Please note that invoices for testing via external laboratories are directed to the referring clinician, and costs for each test varies. Please contact us at dnalab@biologix.com.ng or 08093028488

TURNAROUND TIME FOR TESTS

For newborn screening of SCA – 2 weeks from submission of sample

Other Genetic tests may take longer