

**Regional Genetics Laboratory Services, Genetic Medicine, Saint Mary's Hospital, Oxford Road, Manchester M13 9WL**

**REQUEST/AUTHORISATION FOR EXPORT OF SAMPLES FOR GENETIC TESTING**

If a molecular genetic test is not available within the Regional Genetics Laboratory we can arrange sample processing and export for testing in an external laboratory. Please note **the referring Consultant will be invoiced** for the test. The form must be completed and **signed** for **ALL** samples exported for testing (irrespective of whether or not testing incurs a cost). Send the form to: **Duty Scientist, Regional Genetics Laboratory Services, Genetic Medicine (6<sup>th</sup> Floor), Saint Mary's Hospital, Oxford Road, Manchester M13 9WL**. Please note that failure to send this may result in a delay in testing.

<b>Priority</b> : URGENT PRENATAL / URGENT PREDICTIVE / ROUTINE (delete as necessary)		<b>Date requested:</b> /        /	
Note: It is <b>ESSENTIAL</b> that you warn the Duty Scientist <b>by telephone</b> in advance of referring an urgent sample for export.			
<b>Patient Name:</b> /		<b>Patient date of Birth:</b> /        /	
<b>Your Reference:</b>		<b>NHS No.:</b>	
<b>Please do not send a request for export in advance of the sample.</b> When was the sample sent:        /        /			
<b>Sample to be sent to</b>			
<ul style="list-style-type: none"> <li>• For urgent referrals or exports destined to be sent outside the UK do <b>NOT</b> use a PO Box No.</li> <li>• If you leave this blank the laboratory will attempt to identify the most appropriate services.</li> <li>• If advice is required regarding available services and current charges contact the Duty Scientist (see below).</li> </ul>			
Please state the tests required including relevant clinical details (include details of other family member(s) tested / specific mutations). Feel free to attach further letters/pedigrees/correspondence as necessary (see below).			
			<b>Test cost (£)</b>
<b>Name and signature of Consultant authorising export</b> (for invoicing and reporting the results):			
<b>Specialty:</b>	<b>Hospital:</b>	<b>Tel:</b>	
<b>Authorising Name:</b>	<b>Authorising Signature:*</b>		
<b>Please give the name and address for invoicing in a separate letter if different from the referring consultant.</b> * please note the sample will not be exported without an authorising signature.			
<b>Additional documentation:</b> Please indicate any further items to accompany this export (tick in box):			
Letter :	<input type="checkbox"/>	Pedigree:	<input type="checkbox"/>
		Other:	<input type="checkbox"/>
Please specify:			
* the export will not be processed until all the relevant attachments are available to accompany the sample.			

Please note that where possible an aliquot of DNA samples processed by the Regional Genetics Laboratory Services is archived for possible future molecular genetic testing. Copies of this form downloadable from: <http://www.mangen.org.uk/professionals/making-a-referral.aspx>. **Questions regarding exports - contact the Duty Scientist (Tel: 0161 276 6122/fax 276 6606)**. Useful sources: [www.ukgtn.org](http://www.ukgtn.org) [www.orpha.net](http://www.orpha.net) [www.genetests.org](http://www.genetests.org)

<b>Genetic Medicine Use Only –</b>		Exempt from oversight committee Y/ N	
Date sample exported:	/      /	Exported by:	Authorised by committee        /        /