- USE BLOCK CAPITALS & DO NOT USE INITIALS OR ABBREVIATIONS
- Ensure the details on this form exactly match the details on the specimen

Sample type and collection date and time to be entered here

Two items of unequivocal identification **MUST** be present. Two of the following:
- Full name
- Date of birth
- MRN

Enter referring hospital name here

Consultant name and hospital department/address/contact number **MUST** be entered.

Enter genetic sex

Home address of patient may be added here

Test requested, current diagnosis and clinical information are essential to proceed with testing. This ensure the scientists has sufficient information to select the correct test

Despatch laboratory number may be entered here

Please add any additional copy holders to this box

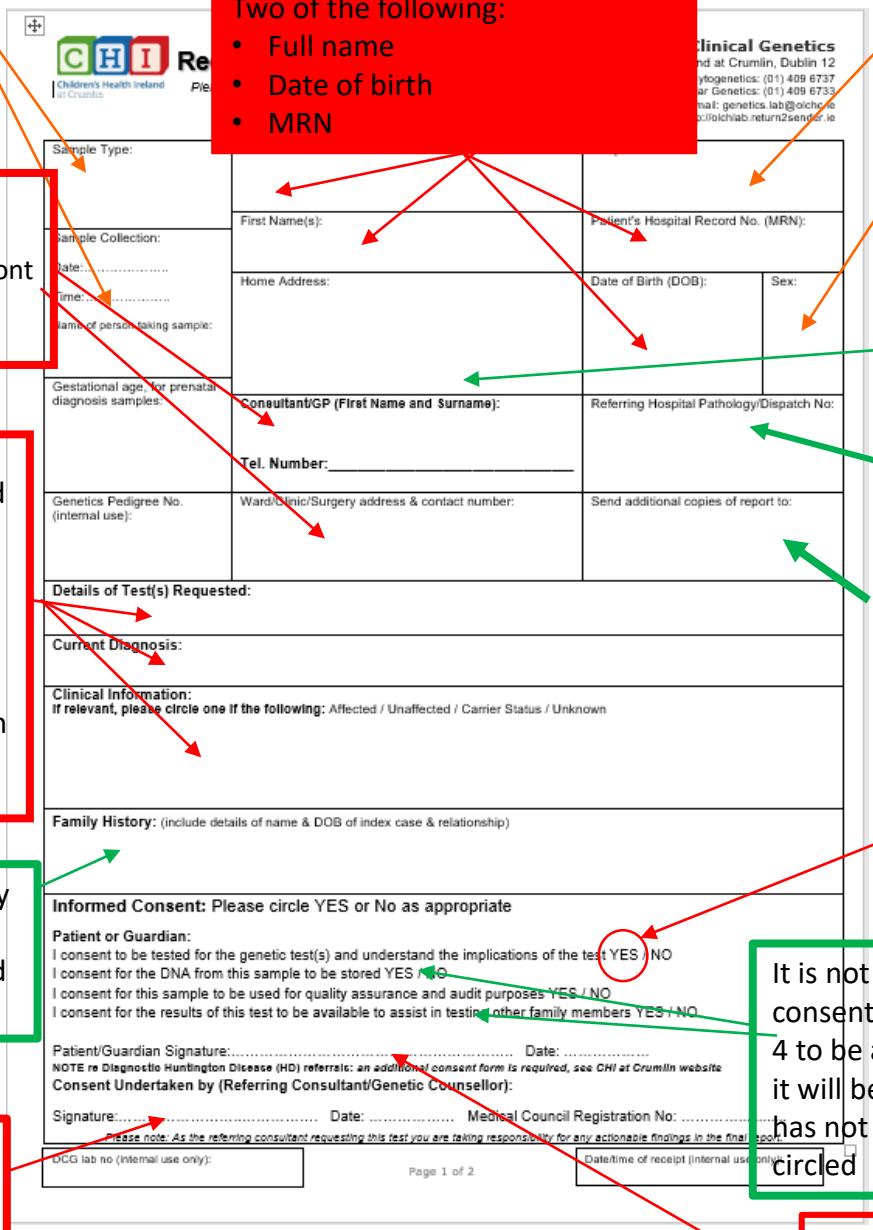
YES must be circled for testing to proceed

Relevant family history should be recorded here to aid testing and interpretation

It is not essential for consent question 2, 3, and 4 to be answered, however it will be assumed consent has not been given if not circled

Consent MUST be signed by Consultant, Specialist Registrar in genetics or Genetic Counsellor for testing to proceed

Patient or Guardian MUST sign for sample to be processed



RED – Essential information MUST be present of the sample will not be processed
ORANGE – Useful information - sample may be processed in absence of this information but there may be a delay in the results
GREEN – Helpful information but not necessarily required for testing