





# Sample requirements

Samples must be labelled with:

- the patient's full name
- the patient's date of birth
- NHS number
- date and time sample was collected

All samples must be accompanied by a Molecular Haemato-Oncology Request Form which can be completed electronically, printed and sent with each sample.

**Blood or Bone Marrow aspirate:** Please send 7.5ml EDTA blood or Bone Marrow aspirate. Samples may be transported at ambient temperature. Blood samples in glass bottles are not accepted by the laboratory.

Samples for Cyclin D1 Overexpression testing MUST be received by the Molecular Genetics Laboratory within 24 hours of the sample being taken.

**Fresh or Frozen tissue.**: Please send tissue in an Eppendorf tube (available from the Molecular Genetics Laboratory) labelled with name, date of birth and block number.

**FFPE samples (t(11;14) testing only) -** Please send 10x10mm paraffin sections in an Eppendorf tube (available from the Molecular Genetics Laboratory) labelled with name, date of birth and block number.

### **High Risk samples:**

It should be noted that blood samples from patients who are likely to be Hepatitis B antigen or HIV positive, who have infectious hepatitis or who are jaundiced without obvious cause are potentially dangerous to all who handle them. Blood from febrile, undiagnosed patients, especially from abroad, may also be dangerous. Great care should be observed when submitting these samples for laboratory investigations, with strict adherence to the recognised methods of handling, particularly:

- 1. Forms and sample bottles must be clearly marked with a warning sticker
- 2. The samples must be sealed within two plastic bags.
- 3. The accompanying form must not come into contact with the sample.

## **Request form**

### Completing Request Forms and sample acceptance criteria

Samples must be accompanied by a correctly completed request form. All request forms must indicate either a specific disorder/gene(s) to be investigated or, a request to extract and store DNA The request form must be completed with the following patient identifiers for the sample to be accepted:

- Surname
- Forename (in full)







- Date of birth
- NHS number

Samples will be rejected if there are fewer than 3 unique points of identification on the request form. The sample must be the correct sample type to be accepted and processed. The sample must not have been used on any Chemistry of Haematology department analysers.

Clinical context is often crucial for determining the pathogenicity of genetic variants. Therefore, please provide as much clinical information as possible about the case on the request form. This will decrease the likelihood the laboratory will need to contact a clinician for additional information to produce the clinical report.

#### **Consent**

In submitting a sample with a request form, the clinician confirms that informed consent has been obtained for (a) testing and storage (indefinitely) (b) the use of this sample and the information generated from it to be shared with members of the donor's family and their health professionals (if appropriate). The patient should be advised that the samples may be used anonymously for quality assurance and training purposes.

## **Postage**

Please send samples by first class post or courier. Packaging should comply with UN3373 regulations for packaging and transportation of samples (See Table A4 in 'Biological agents: managing the risks in laboratories and healthcare premises':

- 1. The sample should be wrapped in enough tissue to absorb the entire contents of the tube in the event of a breakage.
- 2. Seal the tissue with tape and place it into a specimen bag and seal.
- 3. Samples should then be placed in a sample box or padded envelope along with a copy of the referral information and the package marked 'Pathological Specimen Fragile With Care'.

#### Laboratory address:

Department of Molecular Genetics RILD level 3 Royal Devon and Exeter NHS Foundation Trust Barrack Road Exeter, EX2 5DW