HSE Beaumont Hospital

National Genomic Processing Service

Email: NGPS@beaumont.ie

Tel: 01 852 8709

NGPS Use only

Lab no:

Genomic Test Request Form - Rare and Inherited Disease

Please return this completed request form with all samples to:
NGPS, c/o Specimen Reception, Beaumont Hospital, Beaumont Road, Dublin 9, D09 V2N0.
Illegible, unclear, or incomplete forms will result in delays or rejection. Mandatory fields are indicated with an asterisk *.

Patient Details:		**Referring Clinician and Billing Institute Details:**	
*Surname:		*Consultant:	
*Forename:		*Specialty:	
*DOB: (*dd/mm/yyyy*)		*Hospital:	
*Biological Sex:		*Contact/Report Email:	
*MRN/Hospital No:		*Contact telephone:	
Pathology Lab No:		Cc. Report email(s):	NGPS@beaumont.ie
Ethnicity:		If required please provide an Order/ Invoice number and contact details for billing purposes, if different from above.	
Patient Address: Eircode:		Order/Invoice No:	
		Email:	
		Telephone:	

Specimen Details	**Please refer to the guidance notes overleaf for specimen requirements.**	
*Specimen collection date:	Specimen collection time:	Collected By:
High risk of infection? Yes ☐ No ☐	Please state infection hazard:	

Test Required **Please refer to the National Genomic Test Directory Rare and Inherited Disease (National Genetics and Genomics – HSE.ie)**	***Test Name/Clinical indication:** (as per Test Directory)	
	Referral Laboratory (optional):	
	***Clinical Details**:	

***Consent statement and requesting clinician signature**:

It is the referring clinician's responsibility to ensure that the patient/ guardian knows the purpose of the test and that the sample may be stored for future diagnostic testing.
In signing this form the clinician has obtained informed consent for testing and storage for future testing.
The patient/ guardian should also be advised that the sample may be used anonymously for quality assurance and training purposes.

Extracted DNA will be stored in the laboratory, please tick box if consent for storage has **NOT** been given ☐

Clinician Signature: …… MCRN (if applicable): …… Date: (*dd/mm/yyyy*)

Guidance notes are provided overleaf.

Guidance Notes - Genomic Test Request Form - Rare and Inherited Disease

The National Genomic Processing Service (NGPS) performs sample handling, genomic DNA extraction, and transport of the extracted DNA to the referral laboratory. All laboratory tests, analysis and reporting are subsequently carried out by the referral laboratory and results returned to the requesting hospital and the NGPS.

*Patient Details

The following are the mandatory patient information that must be supplied **legibly** on the request form:

- **Surname** and **Forename** in full
- **DOB** (date of birth)
- Patient's **Biological Sex**
- **MRN/Hospital number**

An addressograph label may be used.

Ensure all information on the form matches that on the specimen label.

*Referring Clinician and Billing Institute Details:

The following are the mandatory minimum information that must be supplied **legibly** on the request form:

- **Consultant/Clinician**: Forename and Surname must be provided.
- **Clinical Specialty/Department** should be clearly identifiable and as specified in the Test Directory.
- **Referring Hospital** should be clearly identifiable; hospital name required.
- **Contact/Report Email**: Include as a minimum the email address for the hospital laboratory that has referred the sample to the NGPS. This is the primary email that the report will be sent to.

The following additional information is required to ensure efficient testing and reporting processes:

- **Cc. Report email(s):** include additional emails that will receive a copy of the report. A copy of the report will always be sent to NGPS@beaumont.ie.
- **Contact Email address/ Telephone number**: should be included if the NGPS or the testing laboratory need to contact the requesting clinician.
- **Billing Institute Details:** Invoices will be sent directly to the Referring/Billing Institute. If no billing email is provided, the reporting email will be used. The NGPS is not responsible for invoice processing.
  If an order/invoice number is required in advance of processing, it must be recorded.

*Test Request Details

Test Name/Clinical Indication is a mandatory field and must be as specified in the Test Directory. Please ensure that sufficient clinical details are provided to demonstrate that the minimum eligibility criteria are met. Processing and testing cannot be completed if the request form is incomplete and/or illegible.

Clinical Details: Please provide clinical details to confirm patient meets the eligibility criteria for the test(s) requested, and details of previous genetic investigations in the family where known.

Referral Laboratory: Complete this section if you have a preferred referral laboratory.

Specimen Information

Specimen required is venous blood collected in EDTA anticoagulant. Use EDTA tube only.

- ≥ 3 ml for adults and children
- ≥ 1 ml for neonates

Specimen tubes must be clearly labelled with:

- Patient forename
- Patient surname
- Patient Date of Birth or medical record number

These identifiers must be present on the specimen tube and must match exactly with that on the request form.

Factors known to affect the performance of the examination/ interpretation of the results:
If the patient has had a bone marrow/stem cell transplant or recent blood transfusion, please contact the laboratory.

Specimen Packaging: The specimen container should be sealed in a biohazard bag with absorbent material in case of a leakage. To prevent contamination of referral form and paperwork, this should not be sealed with the sample. All packaging should conform to UN 650 standards (as applied to UN 3373- Biological Samples Category B).

Specimen Transport: Send specimens at room temperature by courier to:

National Genomic Processing Service (NGPS),
c/o Specimen Reception,
Beaumont Hospital,
Beaumont Road,
Dublin 9,
D09 V2N0.

Refrigerate if there will be more than a 24 hr delay before posting. DO NOT FREEZE.

High Infection Risk: The referring hospital must inform the NGPS of any infection risk by completing the relevant section in Specimen Details.

*Consent

For information on obtaining and documenting consent please refer to the HSE National Consent Policy HSE National Consent Policy.

Test Request Forms

Test request forms are available to download via the website at: https://www.beaumont.ie/ngps