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Version No. 002

Effective date 01.04.2022

R. No:											(1	For La	ab us	e only)
GF ID No:						Sample ID	No:							
Entered By:	Entered By: Transported E			oorted B	v:			1	Rece	eived	By:			
Entered By:   Transported By:   Received By:     Test Requisition Form for Medical Genetic Testing (Prenatal)														
Fetal Sample Details: Referring Institute Details:														
Mother's Name: Referring Institute:														
Date of Birth/ Age:														
					Referring Doctor:									
Phone No:					Address:									
Email ID:														
Gestational Age: By dates:						Fax:								
Ultrasound: 1. 0	Gravida 🗆	2. Para⊏	]			Phone No.:								
Living Children:					Email ID:									
Multiple pregnancy:														
Prenatal Diagnosis:														
Sample Type: Amniotic Fluid CVS Fetal Blood Cultured Amniocytes Cultured CVS POC   (20 – 30ml) (15-20mg) (0.5ml) (T25 & T75 at 70% confluency)														
Others (specify):   Sample Collection date & time:   Sample Collection date & time:														
Test Required:														
Cell Culture onl	у 🗌			Cell fre	ezing an	d storage								
Testing:														
1. Karyotype Analysis														
2. Mutation Analysis (Specify):														
3. Others (Specify):														
Clinical inform	ation: Indicat	ion for T	est:											
Advanced Maternal Age :Abnormal ultrasound:Previous child with chromosome abnormality:Parent with structural chromosome abnormality:Abnormal Serum screen:Familial genetic disorder:Others (specify & attach report):Familial genetic disorder:														
*Mandatory Re	equirements:													
1. Requisition F	orm 2. G-Fo	orm 3. F	Form 4. I	E-Form	5. Con	sent Form	6. Mate	rnal Blo	od (5	ml E[	DTA b	blood	samp	ole)
•	ecular Genetic ers (Specify):	s	Cytogen	etics							(F	or La	b use	only)
*See overleaf for sample collection & transportation instructions														
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## Instructions for Sample Collection and Transportation

- 1. Fetal Sample Registration: Fill up the requisition form with the required details and get the consent form signed by the parent.
- 2. Labeling instructions: Label the tube/ container with the Mother's details including name, age, gender, collection date. Label with correct details to avoid sample switch over.

## 3. Additional Sample Required:

**For Enzyme assay & Karyotype analysis:** Require Maternal EDTA Blood (5ml) + 5ml Sodium heparin blood sample of both parents.

For Mutation analysis: 5ml EDTA blood sample of both parents.

For Metabolite analysis: 10-15 ml of Urine sample of both parents.

S.No	Sample Type & Volume	Collection	Transportation				
1	Amniotic Fluid 20-30ml	Amniotic fluid is usually collected in two 15 mL sterile conical centrifuge tubes with the volume of 10-12 mL each tube. If the sample received is less than 12 mL then it is inadequate for long term cultures.	The sample can be transported at room				
2	Chorionic Villi 15-20mg	CVS are usually collected in two 15 ml sterile conical centrifuge tubestransport media.Usually 20 mg of chorionic villi without maternal tissue is sufficient. Chorionic Villus material is light looking like hydras or lumpy sausage. Maternal tissue may be blood clots, medium colored uniform textured ragged pieces.	temperature, if it reaches the lab within 24 hrs after collection. In the event of longer transport duration, the samples have to be transported in a gel packed thermocol box (Avoid direct contact) Do not refrigerate or freeze the sample				
3	Fetal Blood 1-2ml	Chromosomal analysis/ Enzyme analysis-(Heparin) Others-(EDTA)					
4	Sodium Heparin Blood or EDTA Blood (5ml)	As soon as the sample is collected, gently invert the tube for 6-8 times to prevent clotting.	Refrigerate (4° C) the sample until transport. Transport with 2 gel packs (Avoid direct contact) Do not freeze the sample.				
5	POC	Collect sample (20-30 mg) under sterile conditions into a sterile transport tube containing media. In case of identifiable tissue in a POC, send chorionic villi. In case of still birth, if possible, send fascia lata, lung or kidney. If sending multiple specimens, then use separate containers and label with contents. If material is small and identifiable, send entire sample.	The sample can be transported at roor temperature, if it reaches the lab within 24 hrs after collection. In the event of longer transport duration, the samples				

## 4. Sample Packaging:

Put the frozen gel in the box at the bottom followed by vacutainer holder. Then place the sponge on the vacutainer holder and finally place the amniotic fluid sample container sealed with parafilm on the sponge.

## 5. Send out:

Put the forms duly filled with patient name, demographics and clinical details in the zip lock bag inside the box and now close the box and seal it with adhesive tape. Courier the box after labeling with from and to address.

6. **Sample Pick up:** For sample pick up in case of outstation patients, send email to genomefoundation@gmail.com; Mobile No: 97048 99766.