



Completion of the Request for Genetic Analysis Form

MF-GEN-DCGRequestForm

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2 INTRODUCTION

The purpose of this Standard Operating Procedure (SOP) is to outline the procedure for completing the new revision of the Request for Genetic Analysis form (**MF-GEN-DCGRequestForm**).

3 DEFINITIONS OF GENETICS ANALYSIS REQUEST FORM

The Request for Genetic Analysis form (**MF-GEN-DCGRequestForm**) is a document that clinicians must complete when submitting a sample/s to the Genetics Laboratory for testing.

4 APPLICABLE PERSONS

- This SOP is for clinicians involved in referring patient samples to the Genetics Laboratory for testing
- The scientific staff of the genetics laboratory.

5 OBJECTIVE OF THE PROCEDURE

The main objectives of this procedure are:

- To ensure that samples are received with all relevant and necessary information and appropriate consent in a standardised format
- To standardise the documentation for requests received by the Genetics Laboratory
- To improve the efficiency of workflows within the Laboratory due to improved information received
- To reduce the time the Duty Scientist spends following up requests due to incomplete information received on the request form
- Improve the user experience by reducing the number of avoidable delays and correspondence
- To address the issue of consent for testing, storage and use of genetic material
- To comply with requirements of ISO 15189 "Medical Laboratories – Requirements for quality and competence".

6 DEFINITIONS

SOP – Standard Operating Procedure

DCG – Department of Clinical Genetics

CHI at Crumlin – Children’s Health Ireland at Crumlin, Dublin 12.

7 COMPLETION PROCEDURE

- Samples must be submitted with the new revision of the Request for Genetic Analysis form (**MF-GEN-DCGRequestForm**)
- All relevant fields of the new revision of the Request for Genetic Analysis form (**MF-GEN-DCGRequestForm**) must be completed to allow the sample to be processed. In particular, the revised section on Informed Consent must be fully completed and signed
- In the case of an incomplete Request for Genetic Analysis form (**MF-GEN-DCGRequestForm**) being received in the Genetics Laboratory the sample will be held and a communication will be sent to the requesting clinician providing information on what is required to enable the sample to be processed.

7.1 Request Form Fields:

Sample Type:	Mandatory
Surname:	Mandatory
Hospital Name:	Mandatory
Sample collection date/Time/By whom:	Mandatory
First Name:	Mandatory (including e.g. MarysBoy)
Home Address:	Preferred
MRN and /or DOB:	Mandatory (preferably both). NOTE: both MRN and DOB always required in the case of a baby without a given forename e.g. “Baby”, “infant” or MarysBoy”)
Sex:	Mandatory
Gestational Age:	Prenatal only
Consultant / GP / Tel number:	Mandatory
Pathology / Dispatch number:	As appropriate
Ward / Clinic / Surgery / Address/ Contact Number:	Mandatory
Send Copies To:	As appropriate
Details of Test Requested:	Mandatory
Current Diagnosis:	Preferred where relevant (i.e. information regarding any clinical diagnosis <i>in the patient being referred for testing</i>).
Clinical Information:	Mandatory

Family History:

As appropriate

Informed Consent:

Mandatory (including signatures of Patient/Guardian and Referring Consultant/Genetic Counsellor).

7.2 Acquired Adult Cytogenetic Referrals Only:

- Where testing is requested for a patient with a neoplastic disease which does not involve DNA storage the consent aspect of the form can be signed by the clinician requesting the analysis on behalf of the patient once the issue of consent has been discussed and agreed by the patient
- In the situation where the clinician is signing the consent this should be by either the Consultant or a Registrar under direct instruction from the Consultant
- In the instance that a registrar is signing on the direction of their Consultant a note should be made in the patient chart to reflect this.

8 IMPLEMENTATION PLAN

This SOP is part of an implementation plan for the introduction of the new revision of the Request for Genetic Analysis form (**MF-GEN-DCGRequestForm**). Implementation plan: INC-DCG-275.

9 EVALUATION AND AUDIT

- The Audit Team in the Genetics Laboratory will audit the compliance with the new revision of the Request for Genetic Analysis form (**MF-GEN-DCGRequestForm**)
- The audit results will be fed back to the staff within the department once collated
- The audit will form part of the report for the Annual Management Review (AMR).