(WGLS use only):					Investigation(s):		
W	\top						
DNA loc): :						-
In before?				Initials			Referral reason:

Date of receipt:



PREGNANCY LOSS AND SOLID TISSUES

PATIENT DETAILS Addressograph label							
SURNAME		DATE OF BIRTH	SEX	Referring consultant			
		::					
FORENAME		NHS NUMBER		Hospital / Department			
CALIVAINE							
Postcode		Hospital number / Genetics number		&OLQLFLDQµV FRQWDFW QXPI			
NHS England / Other NHS /	Private	Additional copies to & O L			QLFLDQµV 1+6 QHW HPDLC		
(Address for invoicing if not NHS England):					@nhs.net		
					@nns.net		
				direc	tories/		
National Genomic Tes	st Direct	orv test code(s):					
Test code name(s):		o. y 1001 0040(0).					
Or select: R318 (3+ mis	carriages)	R22 (Likely chromosom	al abnormal	ity)	R346 (DNA storage only)		
Of Sciect. KS10 (S+ IIIIS	carriages)	LINE (LIKELY CHIOMOSOM)		ty/	N340 (DNA Storage only)		
Sample type:) Dbstetri	details:	Previous obstetric				
Skin 🔲 🗀	Date of delivery Gestation (wks) history: (state number						
Placenta E	DD	::_	Livebirths				
Cord P	henotypic	sex: Male / Female / Not kr	Miscarriages				
EDDO -		us miscarriage TOP	Stillbirths				
Other	Date of death Torming			Terminations			
(state) L	t & RURQHU¶)	/ FDVH					
Date of sample collection	:	: Collected by:					
Requirement for remaining tissues to be returned (please provide appropriate notification paperwork)(9) Yes No							
Referral reason: please provide full clinical information, including details of prenatal/previous genetic testing							
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