



W

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
Postcode	Hospital number / Genetics number	&OLQLFLDQμV FRQWDFW QX P E	
NHS England / Other NHS / Private (Address for invoicing if not NHS England):	Additional copies to	&OLQLFLDQμV 1+6 QHW HPD L O @nhs.net	

[directories/](#)

National Genomic Test Directory test code(s):

Test code name(s):

Or select: R318 (3+ miscarriages) R22 (Likely chromosomal abnormality) R346 (DNA storage only)

Sample type:

- Skin
- Placenta
- Cord
- ERPC
- Other (state)

Obstetric details:

Date of delivery __ : __ : __ Gestation (wks) __

EDD __ : __ : __

Phenotypic sex: Male / Female / Not known

Spontaneous miscarriage TOP Stillbirth

Live patient & R U R Q H U

Date of death F D V H : __ : __

Previous obstetric history: (state number)

- Livebirths
- Miscarriages
- Stillbirths
- Terminations

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

In submitting this sample the clinician confirms that consent has been obtained for testing and storage. Anonymised stored samples may be used for quality control procedures including validation of new genetic tests.



