Chromosome study (Karyotype) and QF-PCR analysis – Instructions (HA)

1. Instructions to doctors (HA) on sending samples

1.1 Complete “Request Form for Laboratory Studies” (TYH-REQ-LAB-HA) with the following information:

- Patient details (patient’s demographics, HKID or document ID, PDC/clinic/hospital no.)
- Referring doctor details (name of referring doctor, contact details and address for report)
- Specimen details (nature of specimen, date and time of sampling)
- Test(s) requested
- Clinical details (information needed for examination performance and results interpretation may include patient’s ancestry, family history).

Important note:

a) Obtain patient consent for sample collection and/or storage, with a separate consent for genetic testing if applicable.

b) Send specimen in appropriate containers labelled with at least two patient’s identifiers.

c) If the sample cannot be sent to the laboratory on the day of sampling, please keep it at the door of refrigerator (4°C) and arrange the sample to reach the laboratory within 48 hours.

1.2 Sample delivery

Samples are sent to PDL via hospital portering service. Please arrange with portering service team of the referring hospital.

Specimen Reception hours:
Monday to Friday: 9:00am - 4:30pm
Saturday: 9:00am - 11:30am
(excluding public holidays and Sundays)

1.3 Tests and specimen collection

<table>
<thead>
<tr>
<th>Laboratory test</th>
<th>Nature of specimen</th>
<th>Container</th>
<th>Specimen amount/volume</th>
<th>Turn-around time*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chromosome study (Karyotype)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amniotic fluid</td>
<td></td>
<td>Falcon 2096 tube</td>
<td>20 mL in 3 tubes</td>
<td>15 calendar days</td>
</tr>
<tr>
<td>Chorionic villi</td>
<td></td>
<td>Falcon 2096 tube with transport medium</td>
<td>5-10 mg</td>
<td>15 calendar days</td>
</tr>
<tr>
<td>Placental tissue</td>
<td>Sterilin universal bottle</td>
<td>At least 0.5 × 0.5 × 0.5 cm³</td>
<td>28 calendar days</td>
<td></td>
</tr>
<tr>
<td>Skin biopsy</td>
<td></td>
<td></td>
<td>~0.5 × 0.5 cm</td>
<td></td>
</tr>
<tr>
<td>Peripheral blood</td>
<td></td>
<td>Heparin</td>
<td>2 mL</td>
<td>18 calendar days</td>
</tr>
<tr>
<td>Cord blood</td>
<td></td>
<td>EDTA</td>
<td>0.2 mL</td>
<td>18 calendar days</td>
</tr>
<tr>
<td>Foetal blood</td>
<td></td>
<td></td>
<td>0.2 mL</td>
<td></td>
</tr>
<tr>
<td>Rapid Aneuploidy Detection/ 22q11.2 microdeletion (QF-PCR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amniotic fluid</td>
<td></td>
<td>Falcon 2096 tube</td>
<td>2-4 mL</td>
<td>2 working days</td>
</tr>
<tr>
<td>Chorionic villi</td>
<td></td>
<td></td>
<td>0.2-0.4 mg (dissected)</td>
<td></td>
</tr>
<tr>
<td>Peripheral blood</td>
<td>EDTA</td>
<td>3 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cord blood</td>
<td>EDTA</td>
<td>0.2 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foetal blood</td>
<td>EDTA</td>
<td>0.2 mL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Turn-around time may vary and be subjected to the quality and the quantity of the received specimen.
2. **Rejection of sample**

A specimen may be rejected when the following condition is observed:

- unlabelled or incorrectly labelled
- specimen container leaks
- not suitable for analysis (e.g. using incorrect container, frozen specimen, hemolysed blood, peripheral blood from subject having recent blood transfusion or taking immunosuppressive drugs, etc.)
- contaminated with maternal blood in the foetal specimen if QF-PCR or molecular genetics study is requested on the foetal specimen.
- specimen cannot reach the laboratory within 48 hours.

In such events, you will be contacted for further actions.

3. **Reporting**

All reports will be faxed and sent to your office by messengers. All reports can be accessed via Electronic Patient Record (ePR).

*Note: After delivery of the baby or miscarriage, please complete the section of “Reply form for cytogenetic reports” and return a copy of the form (by fax or by post) for auditing purpose.*

4. **Payment method**

Self-financed tests

- **QMH**
  Instruct patient (with the completed HKU Charging Form) to pay at QMH/TYH Shroff. Send copy of payment receipt, specimen and request form to PDL, TYH via hospital portering service.

- **Other HA hospitals**
  Instruct patient to write a crossed cheque in Hong Kong Dollars payable to “Hospital Authority – Queen Mary Hospital”, or “醫院管理局 - 瑪麗醫院”.

  Send the crossed cheque along with the completed HKU charging form, the samples and request form to PDL via hospital portering service, where the charging form can be obtained upon request.

Alternative payment method requires prior arrangement with the laboratory.

5. **Address and contact information**

*Address: Prenatal Diagnostic Laboratory*
Room 2-10, Tsan Yuk Hospital, 30 Hospital Road
Sai Ying Pun, Hong Kong

*Tel: 2589-2208, 2589-2288*

*Fax: (lab) 2857-5407, (office) 2517-2373*

*Website:* http://www.obsgyn.hku.hk/prenatal_diagnosis

*Laboratory opening hours:*
Monday to Friday: 9:00am - 5:30pm
Saturday: 9:00am - 12:30pm,
(closed on public holidays & Sundays)

*Contacts:*

- **Mr. W.K. Tam**
  (Senior Medical Technologist) Tel: 2589-2288
- **Dr Kelvin Chan**
  (Scientific Officer i/c) Tel: 2589-2327
- **Duty Officer / Laboratory Director**
  Tel: 2589-2288 / 2589-2327
  Fax: 25172373

*Chromosome study (Karyotype)*
- All Charging Forms

*Molecular genetic testing (e.g. QF-PCR, aCGH, 22q11.2, FISH, UPD, etc.)*
- All Charging Forms

*Other enquiry or complaint*

*End of Document*