

## Change of Laboratory Provider for First Trimester Down's Syndrome Screening



From the **7th of November** all **1st trimester** samples normally analysed in the Glasgow laboratory should be sent to the Lothian antenatal screening laboratory.

All areas in Scotland should be using the new request form provided by the Lothian laboratory from this date.

Due to ongoing service issues in the delivery of the service, all first trimester samples normally analysed by the Glasgow laboratory will now be analysed by the Lothian laboratory. This will be until the end of the financial year in the first instance until a final decision is reached following the review of the laboratory services.

The samples from the areas currently served by the **Glasgow laboratory** (NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Highland, NHS Lanarkshire and NHS Western Isles) should be sent to the Antenatal Screening Laboratory in Lothian from the **7th November** using the Royal

Mail Safebox® pre-paid delivery boxes that will be provided.

They should **not** be sent to the Glasgow laboratory as they will not be analysed there.

***All second trimester samples in Scotland should continue to be sent to the Bolton laboratory using the Royal Mail Safebox® pre-paid delivery boxes.***

***Please note that serum gel blood sample tubes which allow laboratory sampling from the primary sample tube should always be used for both first and second trimester samples.***



The Royal Mail Safebox® can hold a maximum of 4 samples and are for single use. Postage is prepaid so can be posted directly either via internal mail if taken at a hospital or clinic or directly into a post-box if the sample is taken in the community. Please attach a pre-addressed label **to be sourced locally** to the following address:

**Antenatal Screening Laboratory  
Department of Clinical Biochemistry  
Western General Hospital  
Crewe Road  
Edinburgh  
EH4 2XU**

Samples should be packaged and posted as soon as possible following sample collection. **If you are taking several samples on one day then please send these together.** However please do not delay sending samples until the Safebox is full even if it means only sending a single sample. The laboratory is open on Saturday morning for the receipt of samples. **It is important to note that blood samples received more than 72 hours after sampling will be rejected by the laboratory as the sample deteriorates over time at room temperature reducing the accuracy of the screen.**

Safeboxes will be delivered on a regular basis to the agreed distribution points in each NHS Board area. Should additional safeboxes be required between deliveries please contact the Lothian laboratory :

**Antenatal Screening Laboratory**  
**Department of Clinical Biochemistry**  
**Western General Hospital**  
**Edinburgh**  
**EH4 2XU**  
**Tel 0131 537 1988 / 1171**  
[Lothian.AntenatalScreening@nhs.net](mailto:Lothian.AntenatalScreening@nhs.net)

**Request Forms**


The Lothian laboratory will be distributing a new first trimester request form that should be used by all NHS Boards from the **7th November**. This includes the areas who already have their samples analysed by the Lothian laboratory. All previous forms should be destroyed. The new forms have been designed to accommodate forthcoming developments to the screening programme and capture additional information to improve the quality of the screen. **Please leave the option to request a screen for Trisomies 13 and 18 blank until further notice.**

The laboratory will be dispatching the new forms from the beginning of October if you have not received these by the last week in October or if you require additional forms please contact the laboratory to request additional supplies (**Contact details above**).

**Each year a significant proportion of results are delayed due to incomplete forms being submitted. All information requested is vital to ensure the accuracy of the screen. Please ensure all fields are completed and that the dates provided are correct. Incomplete/inaccurate information will be monitored and reported for local action.**


A JB EASISEAL SPECIMEN FORM. PATENT NO. 2221208 B  
 Jones & Brooks 01706 645088

FT1-ST



**PRESS FIRMLY ON EACH END  
 TO ENSURE A LEAKPROOF  
 SPECIMEN CARRIER**

**FIRST TRIMESTER COMBINED  
 BIOCHEMICAL AND ULTRASOUND SCREENING**



JB-106512

<b>First Trimester Combined Biochemical and Ultrasound Screening</b> Antenatal Screening Service, Combined Laboratories, Western General Hospital, Crewe Road, Edinburgh EH4 2XU Tel: 0131 537 1171      Email: <a href="mailto:Lothian.AntenatalScreening@nhs.net">Lothian.AntenatalScreening@nhs.net</a>		Lab Use Only
Hospital/Health Centre	Date and time of test ...../...../..... : ..... hrs	
Consultant/Midwife      Phone Number	<b>Ultrasound Dating Details</b> Singleton or twin 1      twin 2	
CHI/Other eg UHPI	CRL (mm) .....	.....
Surname      Forename	NT (mm) .....	.....
Date of Birth .....	Postcode .....	Sonographer ID Code .....
Screening requested (circle according to patient consent) Down's Syndrome      Yes / No Edwards' and Patau's Syndrome      Yes / No		<b>If Assisted Conception</b> Origin of Egg (circle)      Own Egg / Donor Egg Date of Egg Retrieval .....
Number of Fetuses (circle) 1      2	Chorionicity if twins (circle) Monochorionic      Dichorionic	
Maternal Weight .....	Date of Embryo Transfer .....	
Current Smoker (circle) Yes / No	If Donor, Donor age at Egg Retrieval .....yrs <b>Further Clinical Information</b>	
Insulin Dependant Diabetic (circle) Yes / No	If previous trisomy pregnancy (circle) Trisomy 21 / Trisomy 18 / Trisomy 13	

**First Trimester Screening.**

The gestation on the date of test should be equivalent to a fetal crown rump length of 45 - 84mm inclusive.

**Sample Type.** 5ml of whole blood collected into a serum gel tube is the preferred sample type. Samples containing either K-EDTA or fluoride oxalate are unsuitable for analysis and will result in the reporting of erroneous results. Always collect the screening sample first before collection of blood into other tube types.

**Sample Transit and Storage.** Whole blood samples should be received by the laboratory within 48 hrs of venepuncture ( 72 hrs for serum samples). If samples need to be stored for a short time prior to dispatch, store in cool conditions (but not frozen).

**Date of Test.** This is the date on which both the NT measurement and the blood sample are obtained. These should be performed on the same day. Requests indicating that the investigations have been performed on different days will only be accepted in exceptional circumstances.

**Maternal Family Origin.**

Please select one of the following groups;

Ancestry Group	FOQ* Code	Example
Afro-caribbean	A	Caribbean Islands Africa
Asian	B	India, Pakistan, Bangladesh
Oriental	C	China inc Hong Kong, Taiwan Singapore, Malaysia
Other	D	South America, Middle East
Caucasian	E,FG	All European
Not known	H,J	Not known / Declined to answer

\*Family Origin Questionnaire

**High Risk of Infection Specimens.**

Please label the samples as 'High Risk of Infection' if it is thought that a woman could be infected with a Category 3 Organism (excluding HIV, Hep B and Hep C). See list at <http://www.hse.gov.uk/pubns/mlsc208.pdf>

**Further Information.** For additional information please see the Scottish Down's Syndrome and Fetal Anomaly Screening Programmes Protocols at <http://www.nsd.scot.nhs.uk>



**BAG**

REMOVE COVERING STRIP  
PLACE SPECIMEN IN BAG  
FOLD TOP OVER TO SEAL

**Sonographer Details**

The Lothian laboratory requires the details of all sonographers that undertake the NT measurement as part of Downs syndrome screening and kept updated of any new additions to the workforce. Please provide this using the form shown below. Copies of the form can be obtained from the laboratory using the contact details provided.

Document No.	BIO-W-46	Version No. ISSUE DATE	2 25/5/16
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**Request form for new Sonographer code**

Department of Clinical Biochemistry and Haematology,  
Western General Hospital  
Edinburgh  
EH4 2XU, Tel: 0131 537 1171



**Requestor details**

Date of request	
Name of requestor	
E-mail (sonographer code will be sent to this address)	

**Sonographer details**

Name of Sonographer	
Health Board	
Professional group (e.g. midwife/radiographer/obstetrician)	
Professional registration number	
Place of training for NT/CRL measurement	
Date training completed	

Please complete form and e-mail to:

**Lothian.AntenatalScreening@nhs.net**

**For lab use only**

**Designated sonographer code:**

	Date completed	Signed
Code entered into apex		
Code entered into lifecycle		
Details added to master copy		

Authority For Issue: Ian Anderson	Page 1 of 1
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## Reports

The Lothian laboratory offers a three day turn-around time from receipt of the blood sample to reporting of results. All higher-chance results are telephoned and e-mailed directly to the user, and a paper report is issued for both higher and lower chance results. For queries please contact the team using the details provided.

## Amended Information

Occasionally it becomes apparent that information provided on the original request form was incorrect or incomplete. The following form should be used to provide the additional/amended information required. The laboratory will be unable to provide a final report until this is returned. Copies of the form can be obtained from the laboratory.

Document No.	BIO-W-319	Version No.	4
		Review Date	03/12/17

**ANTENATAL SCREENING - AMENDED INFORMATION REQUEST**

**TO:** ANTENATAL SERUM SCREENING SERVICE –  
DEPARTMENT OF CLINICAL BIOCHEMISTRY & HAEMATOLOGY, WESTERN GENERAL HOSPITAL EH42XU

**FROM:**  
(PLEASE GIVE MIDWIFE TEAM, ANTENATAL CLINIC OR HEALTH CENTRE)

Information given on a previously completed request form was found to be incomplete or incorrect. Please use this form to complete/amend the required information.

**Patient Information**

CHI number	
Date of Birth	
Forename	
Surname	
Address and post code	

**Amended Information**

	Amended Information
Date of Birth	
Date of blood sampling	
Date of scan	
Crown rump length (mm)	
Head circumference (mm)	
Nuchal translucency (mm)	
Ultrasonographer ID	
Maternal weight (kg)	
Family origin	
Maternal smoking status	
Other eg twin/IVF pregnancy	

Information requested by:-	
Amendment(s) made by:-	

Please return the completed form as an attachment to [Lothian.AntenatalScreening@nhs.net](mailto:Lothian.AntenatalScreening@nhs.net)

## What do health professionals need to do?

- ◆ All areas that currently have their samples analysed by the Glasgow laboratory should send their samples to the Lothian laboratory from the 7th November 2016 using the Safeboxes provided. Areas already served by the Lothian laboratory should continue to send in their samples using the usual transport means.
- ◆ From the 7th November 2016 **all areas in Scotland** should use the new request form provided by the Lothian laboratory that will be distributed in advance
- ◆ For areas that currently have their samples analysed by the Glasgow laboratory please ensure that the Lothian laboratory have been provided with the details of all sonographers undertaking the NT measurements using the form provided
- ◆ If no result is received within 5 working days contact the laboratory to ensure that the request has been received. If no request has been received, arrange an urgent repeat sample to be sent to the laboratory
- ◆ High chance results will continue to be e-mailed to the designated secure e-mail addresses used currently and should be checked regularly.