**D**

**CELL LINES FOR EXTERNAL QUALITY ASSESSMENT SCHEMES**

UKNEQAS Haematology are in a position to receive samples for cell lines to be used in future rounds of external quality assessment. These samples will be kept at the Manchester Centre for Genomic Medicine and will be made available for use in EQA schemes. We are happy to accept blood for establishing cell lines as well as already established cell lines. *Please include as full a clinical profile with the sample as possible using the form on page 2.* Please maintain patient confidentiality by sending samples labelled with only your local reference number and keep a clear record of the corresponding hospital and/or NHS number.

Any general enquiries should be made through the UKNEQAS Haematology Office (haem@ukneqas.org.uk). However, technical questions will be dealt with by the SCCS Laboratory, Manchester (mft.cellbank@nhs.net).

**Samples for collection:**

* Take 2 x 4ml EDTA specimen tubes.
* **DO NOT CHILL THE BLOOD SAMPLES - KEEP AT ROOM TEMPERATURE.**

**Transport:**

* Phone UK NEQAS Haematology to arrange a courier. Pack the samples with this request form in a secure envelope and affix the label provided on page 3.
* A rapid guaranteed delivery service (e.g., DHL/Fedex) should be used to ensure the sample arrives at the SCSS laboratory within 48 hours. This will be arranged by UK NEQAS Haematology.
* Samples must arrive at the SCCS laboratory between Monday and Thursday. Please arrange to take the sample collection on a Monday or Tuesday if possible.
* UK NEQAS Haematology will give the SCCS Laboratory notice that samples are on their way ahead of shipping.

**Data for depositing Blood Samples for EQA**

**Referring Hospital/Institution details:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Address:** | **Tel:****Fax:****Email:** |

**Patient details: (please do not use the patient’s name)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your Sample Reference Number:****UKNEQAS Unique ID:** | **Date of Birth of Patient:** | **Sex of Patient:** Male Female | **Disease or indication:***(e.g. HbSS/HbS/βthal, etc.)* | **Patient has given consent?** Yes No |

**Has Alpha/Beta Globin Genotyping been performed before on this patient?**

|  |  |  |
| --- | --- | --- |
| **No**   | **Yes**  | **If yes, please provide details below.**  |

|  |
| --- |
| **Comments (including phenotype and genotype):***(Please include as many known clinical details on the patient’s phenotype as possible and if genotyping has already been done on this patient please write details here.)* |

**Blood sample details** (*please tick boxes*)

|  |  |  |  |
| --- | --- | --- | --- |
| **No. of Blood tubes provided:**  ……………………. | **Anti-coagulant:***(Please use EDTA where possible.)* | **EDTA** Sodium heparin ACD  |   |
|  |
| **Signed: Date:****Please Print Name: ……………………………………………………………………………………….** |

**Please photocopy this form and the previous details as required**

**Label to be attached to specimen package**

**Specialist Cell Culture Services (SCCS) Laboratory**

**Manchester Centre for Genomic Medicine**

**6th Floor, St Mary’s Hospital**

**Oxford road**

**Manchester**

**M13 9WL**

**United Kingdom**

**Tel: +44 161 276 6553**

**Fax: +44 161 276 6606**

**Email:** **mft.cellbank@nhs.net**

*Please call UKNEQAS Haematology on 01923 587111 if further information is required about the contents of this package.*