



Address for samples to be couriered to:

Molecular Genetics, LabPlus
Auckland City Hospital
Level 2, Building 31
Grafton Road, Auckland
Tel: +64 9 307 4949 ext 6356
Fax: +64 9 307 2826
Email: molgen@adhb.govt.nz



FORM: SD1 (this form is to accompany the sample/s to the Laboratory)

Laboratory Form for Pathology Specimens in Sudden Death

(Lab Plus registration : DNAT)

(Requestor is the Pathologist)

*Post Mortem Date: *Post Mortem No:

Deceased details:

*Surname: *First names:
Gender: NHI (if known):
*DOB: *Date of Death:
*Ethnicity:

Post Mortem Specimens:

Blood 4 X 4 ml EDTA tubes (room temperature of 4°C)
and Spleen tissue (1cm by 1cm) 95% Ethanol/ **Frozen (please indicate)
and/or Liver tissue (1cm by 1cm) 95% Ethanol/ **Frozen (please indicate)
and/or Other tissue (Specify) 95% Ethanol/ **Frozen (please indicate)

****NB: COURIER**

Please ensure frozen samples are kept frozen for the duration of the journey

Gross Pathology Findings (if known):

- No abnormality on gross pathology/ sudden unexpected death (including SIDS)
- Suspected Hypertrophic Cardiomyopathy
- Suspected Arrhythmogenic Right Ventricular Cardiomyopathy
- Suspected Dilated Cardiomyopathy
- Premature coronary disease
- Marfans Disease
- Other (specify)

Instructions to Lab: Please extract and store DNA from the deceased's blood/tissue samples

A representative from the Cardiac Inherited Diseases Group will contact the pathologist on a monthly basis to ascertain whether CIDG will be receiving the referral (SD2 form). Testing will not be initiated on the sample until the SD2 form has arrived and the case has been discussed at the weekly CIDG case meeting.

Coroner:

*SIGNED: *Name:
(Pathologist) (Pathologist)

Contact phone number: Email:

(*Indicates fields that are essential for processing of referral and samples)

Please note all samples need to go to:

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