

FAMILIAL HYPERCHOLESTEROLAEMIA RARE DISEASE GENOMIC TEST ORDER FORM



East Genomic Laboratory Hub

PATIENT DETAILS (or address label)				ORDERING CLINICIAN INFORMATION
NHS NO.*				SUBMITTER HOSPITAL OR GP SURGERY* RESPONSIBLE CLINICIAN* CONTACT EMAIL CONTACT PHONE REPORT TO EMAIL* <i>NHS.net or DCB1596 secure email required for reporting</i> *MANDATORY FIELDS
HOSPITAL NO.				
FAMILY NO.				
SURNAME*				
FORENAME(S)*				
DATE OF BIRTH*				
POSTCODE*				
ETHNICITY				
SEX*	Male	Female	Other	

SPECIMENS				https://www.eastgenomics.nhs.uk/for-healthcare-professionals/genomic-tests/sample-requirements/
Send one specimen type	Blood (EDTA)	Saliva		Risk of infection Affix risk of infection sticker here or write in details of infection risk
COLLECTION DATE				
PREPARED BY (PRINT NAME)				

GENOMIC TEST REQUIRED			
FH DIAGNOSTIC TESTING (R134) Provide details of the patient LDL CHOLESTEROL (actual or estimated) mmol/L Additional clinical details Provide details for ONE of the following:		FH CASCADE TESTING Provide details of the index patient and the family FH genetic variant	
SIMON BROOME	FH WALES	DUTCH	
Possible	SCORE	LIPID SCORE	
Definite			
		INDEX PATIENT NAME INDEX PATIENT D.O.B GENETIC VARIANT <i>A copy of the index patient's genetic report should also be provided</i>	

CONSENT DISCUSSION WITH PATIENT	
CONSENT DISCUSSION FOR FAMILIAL HYPERCHOLESTEROLAEMIA GENETIC TESTING <i>The FH test will look for genetic variants in only the genes known to cause FH. The FH test may not identify a genetic cause of FH. This does not exclude a diagnosis of FH. The FH test results may be uncertain and change over time. The FH test results may have implications for other family members.</i>	
THIS PATIENT AGREES TO BE CONTACTED ABOUT OPPORTUNITIES TO TAKE PART IN RESEARCH <i>Research studies may lead to improvements in the diagnosis and treatment of Familial Hypercholesterolaemia, high lipid levels and cardiovascular disease. If contacted, the patient is under no obligation to take part in any research study. This decision will not affect the care this patient or their family will receive.</i>	YES NO

Send completed form and specimen to your usual local pathology department or by courier or 1st class post to:

Cambridge Genomics Laboratory, Box 143, Cambridge University Hospital Foundation Trust, Cambridge, CB2 0QQ
 Tel: 01223 348 866
cuh.geneticslaboratories@nhs.net

Leicestershire Cytogenetics Laboratory, University Hospitals of Leicester NHS Trust, Leicester, LE1 5WW
 Tel: 0116 258 5637
cytogenetics@uhl-tr.nhs.uk

Nottingham University Hospitals Regional Genetics Laboratories, Nottingham University Hospitals NHS Trust, Nottingham, NG5 1PB
 Tel: 0115 969 1169, ext 55207(mol)
NUHNT.MolecularGenetics@nhs.net

Lab use only:	Affix Epic Label Here
----------------------	-----------------------