

Inherited Coagulation Bleeding, Thrombotic and Platelet Disorders Request Form

Patient Details			
NHS No:		Sex:	
Surname:		Address:	
Forename:			
Date of Birth:		Postcode:	
Hospital:		Hospital No:	
Ethnicity:			

Requester Details			
Clinician:		Email*:	
Reporting Address:		Invoice Address:	

*Electronic Reporting via Email: The Oxford Genetics Laboratories are now offering the option to receive reports by Email. If you would like to receive future reports via this method please provide your email address in the referrer details section (NHS.net email). To set this up, the laboratory will contact you with further information.

Investigation Information					
Suspected Condition:	Coagulation	Platelet number	Platelet function	Unexplained bleeding	Thrombotic
Type of Test:	Unknown mutation		Carrier testing	Confirmation of mutation	
Test Requested*:	R90 gene panel (bleeding and platelet disorders)		R97 (thrombophilia panel)	Single gene sequencing	

*For information on which genes are tested in each panel, please visit: <https://panelapp.genomicsengland.co.uk/panels/>

Clinical Information	
Is the patient or partner pregnant?	Gestation:
Age of bleeding/thrombotic onset:	
Clinical synopsis including laboratory testing:	
Suspected primary diagnosis:	
If bleeding phenotype, ISTH BAT score:	
Please provide all relevant test results overleaf.	

Family History	Please provide details and if a family mutation is known
Please provide a copy of the patient's family tree.	

Laboratory Results (Mandatory - complete all relevant results):						
Coagulation		Thrombotic		Platelets		
FVIII:C (1-stage assay) IU/mL		Antithrombin IU/mL		Platelet count		
FVIII Chrom IU/mL		Protein S IU/mL		Blood film		
FV IU/mL		Protein C IU/mL		VWF RIPA:	Low	High
FVII IU/mL		PT ratio		Ristocetin mg/mL	Low	High
FIX IU/mL		APTT ratio		ADP uM	Normal	Impaired
FX IU/mL		Thrombin time		Adrenaline uM	Normal	Impaired
FXI IU/mL		Fibrinogen g/L		Arachidonate mg/mL	Normal	Impaired
FXIII IU/mL		Fib-Ag g/L		U46619 1.0 uM	Normal	Impaired
VWF:Ag IU/mL		INR		Collagen ug/mL	Normal	Impaired
Innov VWF Activity IU/mL		MPV		ATP/ADP ratio		
VWF CBA IU/mL				Nucs Ratio		
VWD 2N %				nM ATP	nmolx10 ⁹ /L	
Multimers				nM ADP	nmolx10 ⁹ /L	
Plasminogen u/dl				CLG THROM 1U/mL	nmol	
Fibrinogen g/L				CLG COLL 2ug/mL	nmol	
Fib-Ag g/L						
Please provide any other relevant test results for this patient:						

In submitting this sample the clinician confirms that consent has been obtained for testing and storage. Anonymised stored samples may be used for quality control procedures including validation of new genetic tests.

Further Information:

In complying with the Human Tissue Act 2004 all surplus tissue samples are discarded once DNA/RNA has been extracted. Please be aware that anonymised genomic and clinical data may be shared within and beyond the NHS for diagnostic and research purposes.

Turnaround Times (days)					
Urgent	21	Diagnostic Screen	42	NGS Screen	84

Information for Patients

Blood samples can be arranged via your GP or the phlebotomy clinic of your local hospital. This form must accompany the sample.

Following receipt of the sample, laboratory staff are unable to provide information on samples and test results directly to patients or their relatives. Such enquiries should be directed to the referring clinical teams or the GP.