

## Genetic Diagnostic and Advisory Service for Mitochondrial Diseases Request Form

Patient and Requester Details					
NHS No:		Sex:		Date of Birth:	
Surname:		Address (including postcode):			
Forename:					
Ethnicity:		Clinician:			
Hospital:		Hospital No:			
Email:					
Reporting address:					

Sample Information						
Sample provided:	Blood	Muscle*	Liver*	Fibroblasts	Other:	
Date sample taken:		*Biopsy or post mortem?:		Biopsy	Post mortem	
Other samples available:	Blood	Muscle	Liver	Fibroblasts	Other:	

Clinical Diagnoses (tentative)			
CPEO/KSS :		MELAS/MERRF:	
Pearson :		Infantile leigh:	
LHON :		Cardiomyopathy:	
Multisystem disease:		Alpers:	
Neuropathy such as SANDO :		Movement disorder such as MIRAS:	
MtDNA depletion syndrome:		Other:	

Clinical Details			
Age at onset:		Family history:	
		Consanguinity:	
Developmental delay:		Myopathy/Muscle weakness:	Respiratory failure:
Dementia:		Hypotonia:	Feeding problems:
Seizures:		Muscle fatigue:	Haematological:
Encephalopathy:		Other muscle (e.g. contractures, pain):	Hepatic:
Dystonia:		CPEO:	Renal:
Myoclonus:		Ptoisis:	Deafness:
Movement disorder:		Nystagmus:	Diabetes:
Neuropathy:		Cataracts:	Other Endocrine:
Ataxia:		Retinopathy:	
Stroke-like episodes:		Optic disc pallor:	

<b>Results of Investigations</b>							
<b>Raised CK:</b>		<b>Imaging MRI or CT:</b>		Normal	Leigh	Other:	
<b>Lactic Acid (in serum):</b>	Normal	Raised		<b>Lactic Acid in CSF:</b>		Normal	Raised
<b>Muscle histology:</b>	RRFs	Low COX		Nonspecific abnormal		Normal	
<b>Muscle respiratory chain enzyme analysis:</b>				Abnormal		Normal	
<b>Liver respiratory chain enzyme analysis:</b>				Abnormal		Normal	

<b>Relevant correspondence and other information</b> (Include additional clinical features)

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.
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Please return completed form (and accompanying samples) to the above address.