

## Disorders of Iron Regulation Request Form

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

\*This must be filled in.

\*\*Please state if karyotypic and/or phenotypic sex differ from given sex.

Requester Details			
Clinician:		Email:	
Reporting Address:		Invoice Address:	
Cost Centre/Account Code/PO Number:			

Investigation Required:	
-------------------------	--

Clinical Information			
Recent Ferritin, serum iron, TSat/TIBC, TF results: <u>These must be provided.</u>			
Cardiomyopathy:		Liver Disease:	
Hypogonadotrophic hypogonadism:		Please state what: Evidence of iron loading in liver:	
Diabetes:		Endocrine problems:	
Skin Pigmentation:		Please state what:	
Arthritis:		HFE Genotype Known:	
Venesected:		Please state what:	
Additional information:			

### Family History

--

### Sample Information

Type of sample sent:	
Date and time taken:	

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.

\* Please note some tests are not fully validated, and therefore not diagnostic, but research only. If this is the case, test results will be clearly marked as such upon return.

**\* Labelling Standards:**

Please label samples with the PATIENTS: NAME, DATE OF BIRTH, NHS NUMBER.

A minimum of 2 identifiers must be provided or the sample cannot be accepted for testing.

**Address for sending:**

Patricia Bignell  
Lead Principal Clinical Scientist  
Haemostasis and Thrombosis Service, Iron Regulation Disorders Service  
Oxford Genetics Laboratories  
Oxford University Hospitals NHS Foundation Trust  
The Churchill Hospital  
Oxford OX3 7LE, UK  
Tel +44(0)1865 225247  
[patricia.bignell@ouh.nhs.uk](mailto:patricia.bignell@ouh.nhs.uk)

For information about our services visit [Genetics Labs Website](#). Recipients should be aware that all emails received or sent by this Trust are subject to the Freedom of Information Act 2000 and Data Protection Act 2018.

### 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.