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NHS
Central & South
Genomic Laboratory Hub
Oxford Genetics Laboratories

Inherited Coagulation Bleeding, Thrombotic and Platelet Disorders Request Form

Patient Details

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

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

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 ☐	Absent ☐
FX IU/mL		Thrombin time		Adrenaline uM	Normal ☐	Impaired ☐	Absent ☐
FXI IU/mL		Fibrinogen g/L		Arachidonate mg/mL	Normal ☐	Impaired ☐	Absent ☐
FXIII IU/mL		Fib-Ag g/L		U46619 1.0 uM	Normal ☐	Impaired ☐	Absent ☐
VWF:Ag IU/mL		INR		Collagen ug/mLl	Normal ☐	Impaired ☐	Absent ☐
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.

Email: dutyscientist.oxfordgenetics@ouh.nhs.uk Website: www.ouh.nhs.uk/geneticslab Admin Office: 01865 226 001