Oxford Genetics Laboratories Oxford University Hospitals NHS Foundation Trust The Churchill Hospital Oxford OX3 7LE

Telephone: 01865 572769

Email Enquiries: molecularhaem.oxfordgenetics@ouh.nhs.uk



Oxford Genetics Laboratories

Rare Disease in Molecular Haematology Testing Service

	Gend	omic Pa	nel Requ	est Form			
Patient Details							
NHS No:		Sex*:					
Surname:							
Forename:			Address:				
Date of Birth:							
Ethnicity:			Postcode:				
Reference No:							
Suspected diagnosis:							
Test requested	R91 Cytopenia		R258 Cytopenia including Fanconi Anaemia				
(For information on genes in each panel, please visit:	R92 Rare Anaemi	R92 Rare Anaemia		R405 Hereditary Erythrocytosis (JAK2 results required)			
https://panelapp.genomicsen	R229 Fanconi anaemia		R406 Thrombocythaemia				
<pre>gland.co.uk/panels/)</pre>	R313 ELANE	R259	9 NBN R338 CSF3R		Family testing	g e.g.R375	
This testing is: Routine	Urgent If	Urgent ple	ease provide	reason:			
This is: the proband	a family membe	r Th	is family men	nber is thought to b	e: Unaffected	Affected	
Relationship to proband:			Pro	band genotype:			
Proband name:			Pro	band date of birth:			
*Please state if karyotypic and/or	phenotypic sex differ from	given sex.					
Requester Detai	ls						
Clinician:			Job Title:				
Email*:			Phone No:				
Reporting			Invoice	Same as repor	ting?		
Address:			Address:				
*Electronic Reporting via Email: 7 reports via this method please pr		the referrer d				rther information.	

Clinical Details HPLC (%) HbA:	HbA2: HbF: Variant(s)?:				
RBC (red blood cell count, x10^12/L)	WBC (white blood cell count: x10^9/L)				
HGB (haemoglobin, g/L)	Neutrophils (x10^9/L)				
MCV (mean corpuscular volume, fl)	Lymphocytes (x10^9/L)				
MCH (mean corpuscular haemoglobin, pg)	Platelets (x10^9/L)				
RDW (%)	Haptoglobin (g/L)				
Haematocrit (proportion)	Bilirubin (umol/L)				
Reticulocytes (x10^12/L&%)	SGOT/AST (Serum glutamic oxaloacetic transaminase, IU/L)				
Ferritin (mlg/L)	SGPT/ALT (Serum glutamic pyruvic transaminase, IU/L)				
Transferrin (%)	LDH (Lactacte dehydrogenase, IU/L)				
Erythropoietin (EPO, IU/L)	DAT (Direct antiglobulin test/coombs test)				
Blood smear results					
Bone marrow smear results (including date analysed)					

Version: 11.3 Page **1** of **2**

Telephone: 01865 572 769 Email: molecularhaem.oxfordgenetics@ouh.nhs.uk Website: www.ouh.nhs.uk/geneticslab



Oxford Genetics Laboratories

Clinical Details					
Anaemia onset	Fetus	Infant	Child	Adult	
Туре	Acute		Chronic	Transfusion Dependent	
Neutropenia onset	Fetus	Infant	Child	Adult	
Туре	Acute		Chronic	Transfusion Dependent	
Thrombocytopenia onset	Fetus	Infant	Child	Adult	
Туре	Acute		Chronic	Transfusion Dependent	
Jaundice	Prolonge	d neonatal	Intermittent	Chronic	
Splenomegaly	Yes	No	Hepatomegaly	Yes	No
Pancreatic insufficiency	Yes	No	Gallstones	Yes	No
Dysmorphic facies	Yes	No	Skeletal, limb or digit abnormalities	Yes	No
Developmental delay/learning difficulties	Yes	No	Any other organ abnormalities	Yes	No
Short stature/failure to thrive	Yes	No	Frequent infections	Yes	No
Family History	Yes	No	Consanguinity	Yes	No
JAK2 Results (for R405 Erythrocytosis panel)			Chromosome Breakage Results (for Fanconi/NBN)		

Any other relevant details: (e.g. treatment details, test results, non-haematological findings, transplant histories)

Sample Information						
Sample type (tick):	DNA	EDTA Blood	Date sampled			
Labelling standards:	Please label samples with the patient's : full name, date of birth, NHS number (or Hospital Number for non-UK referrals). A minimum of 2 identifiers must be provided or the sample cannot be accepted for testing.					

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.

Please send samples at room temperature by post or courier to:

Oxford Genetics Laboratories, Oxford University Hospitals NHS Foundation Trust, The Churchill Hospital, Oxford, OX3 7LE

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.

Version: 11.3 Page **2** of **2** Email: molecularhaem.oxfordgenetics@ouh.nhs.uk Website: www.ouh.nhs.uk/geneticslab Telephone: 01865 572 769