REQUEST FORM

Inherited coagulation bleeding, thrombotic and platelet disorders

Patient Details	**Hospital / email (nhs.net) address report to be sent to.**
NHS No (UK only): Your Ref No:	
Surname:	
Forename:	Referring consultant:
DOB:	
Gender: M / F	

Suspected condition (please circle)		
Coagulation / Platelet number / Platelet function / Unexplained bleeding/ Thrombotic		
Type of test: Unknown mutation / Carrier testing / Confirmation of mutation		
Test requested* (please circle):		
R90 gene panel (bleeding and platelet disorders)	R97 (thrombophilia panel)	Single gene sequencing
Is the patient or partner pregnant	Yes / No	Gestation:
Age of bleeding/Thrombotic onset: **Clinical synopsis including laboratory testing:** **<u>Suspected primary diagnosis:</u>** **If bleeding phenotype, ISTH BAT score:**		
Please provide all relevant test results overleaf.		

Request for genotyping checklist

Family history Please provide details and if family mutation known	
Family Tree:	Please provide copy of family tree

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

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.

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Laboratory results: Mandatory – please complete 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 IU/mL		U46619 1.0 uM	NORMAL/IMPAIRED/ABSENT
VWF:Ag IU/mL		INR		Collagen ug/mLl	NORMAL/IMPAIRED/ABSENT
Innov VWF Activity IU/mL				ATP/ADP ratio	
VWF CBA IU/mL		MPV		Nucs Ratio	
VWD 2N %				nM ATP	nmol x10*9/L
Multimers				nM ADP	nmol x10*9/L
Plasminogen u/dl				CLG THROM 1U/mL	nmol
Fibrinogen g/L				CLG COLL 2ug/mL	nmol
Fib-Ag IU/mL					

Please provide any other relevant results for this patient

Date and Time Sample taken:	Date:	Time:

CONSENT:

In submitting this sample the clinician confirms that informed consent has been obtained for: **Please circle as appropriate**

(a) storage and testing (current and future testing as this becomes available) YES| NO

(b) the use of this sample and the information generated from it to be shared with members of the individual's family and their health professionals YES| NO

(c) the information generated to be entered onto local and national confidential databases YES| NO

If specific consent to any of the above is not given please provide details below. The patient should be advised that the sample may be used anonymously for quality assurance, training and research purposes.

*By signing this form, I confirm that written informed consent has been taken for the requested tests

Authorised by*:	Date:	

(Without consent this sample will not be processed)

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

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