

Disorders of Iron Regulation Request Form

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

***This must be filled in.**

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

Investigation Required:	
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Clinical Information			
Recent Ferritin, serum iron, TSat/TIBC, TF results:			
<u>These must be provided.</u>			
Cardiomyopathy:		Liver Disease:	
Hypogonadotropic 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

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Sample Information

Type of sample sent:	
Date and time taken:	

Consent has been obtained for the DNA/RNA of this sample to be stored and used in research/development projects that have been granted ethical approval.			
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Signed:			
Clinician:		Date:	

* 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:

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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 1998.