## Haemophilia & Thrombosis Genetics Request Form



South East Scotland Molecular Genetics Laboratory, Western General Hospital, Crewe Road, Edinburgh, EH4 2XU 0131 537 2010 <u>HaemophiliaGenetics.RIE@nhslothian.scot.nhs.uk</u> https://tinyurl.com/ScottishHaemophiliaGenetics

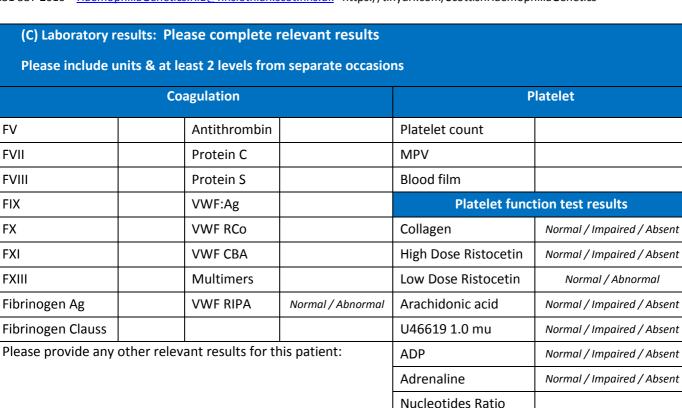
Patient Details		
CHI number:	Consultant:	
Surname:		
Forename:	Hospital & Department:	
DOB:		
Gender: M / F	Email (nhs.net/ scot.nhs.uk):	
Hospital Number:		
Family number (if relevant):	Report via email? Y / N	
Is the patient or partner pregnant? Yes / No	Sample taken by:	
Gestation:	Date taken:	
Request type:		
Index case		
Known familial variant  - Complete sections B & C		

(A) Index case testing					
Test requested					
Gene panel					
Platelet Function   Thrombocyto	penia 🗆 Coagulation	n/Fibrinolysis 🗆 🛛 Thrombosis 🗆			
Specific gene(s)					
Haemophilia A ( <i>F8</i> ) 🛛	FVII ( <i>F7)</i> 🗆	Antithrombin (SERPINC1)			
Haemophilia B ( <i>F9</i> ) 🗆	FX ( <i>F10</i> ) 🗆	Protein S ( <i>PROS1</i> ) 🗆			
von Willebrand ( <i>VWF</i> ) 🗆	FXI ( <i>F11)</i> 🗆	Protein C ( <i>PROC</i> ) 🗆			
Fibrinogen (FGA, FGB, FGG) 🛛	FV ( <i>F5)</i> 🗆	Combined FV & FVIII (LMAN1 & MCFD2)			
Platelet type VWD (GP1BA) $\Box$	FXIII (F13A1 & F13B) 🗆	Glanzmann Thrombasthenia (ITGA2B & ITGB3) 🗆			
Bernard Soulier Syndrome (GP1BA, GP1	1BB, GP9) 🗆	Other:			
Clinical Details Suspected diagnosis:					
Age of bleeding/thrombotic onset:	ISTH BAT score	(if applicable):			
Clinical synopsis:					
Family history: (Please attach a copy of family tree if available)					
(B) Familial variant testing					
Index case (full name & CHI/DOB):					
Relationship to index case (please attach a copy of family tree if available):					
Gene & Variant(s ):					
Clinical synopsis of individual being tested:					
ISTH BAT score (if applicable):					

v1

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Lothian

## CONSENT

FV

FΧ

- Signed copy of the UKHCDO consent form attached? (required)
- Has the patient consented for their genetic test result to be added to their National Haemophilia Database record? Yes / No

Requested by:	Date:

## **Further Information**

- Sample requirements Minimum 2 x 3ml blood in EDTA or citrate anticoagulant OR 100µl DNA
- In complying with the Human Tissue Act 2004 all surplus tissue samples are discarded once DNA has been extracted
- All samples must be labelled with a minimum dataset of full name, DOB and CHI number
- All samples should be kept at room temperature but can be refrigerated overnight prior to dispatch if required. DO NOT FREEZE BLOOD SAMPLES
- Send samples by post or courier in a rigid crushproof container according to current Post Office regulations

Turnaround Times (calendar days)					
Single gene tests 56	Known variant test 28	NGS Gene panel 84	Prenatal / other urgent testing Please contact the laboratory		