

FAMILIAL HYPERCHOLESTEROLEMIA GENETIC TEST ORDER FORM



East Genomic Laboratory Hub

Website <http://eastgenomics.org.uk/familial-hypercholesterolemia/>

Patient Details			Sample	
NHS Number:	Hospital Number:	Family Number:	Sample type: EDTA 3-5ml	
Surname:	Forename(s):	Date of Birth:	Taken by (sign):	
Address: Postcode:			Taken by (print name):	
			Date sample taken:	
			High risk of infection? <input type="checkbox"/> Yes	
I have discussed genomic testing with this patient and have retained a record of this discussion (see overleaf)				
Referring Clinician				
Name:	Hospital:	Speciality:	Telephone contact details:	
Address: Postcode:		Email address (nhs.net preferred):		
		Results to email (nhs.net preferred):		
Clinical Details (append most relevant clinic letter)		Test Required		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> FH Diagnostic Test <input type="checkbox"/> FH Cascade Test - known familial genetic variant		
Simon Broome criteria positive? <input type="checkbox"/> Yes		LDL Cholesterol mmol/L		
Dutch or Welsh lipid score (see overleaf)		Other reason for referral		
Known family FH genetic variant - Full Name and Date of Birth of proband (also append the proband report)				
Patients Self Defined Ethnicity – please circle				
White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups
A British	D White and Black Caribbean	H Indian	M Caribbean	R Chinese
B Irish	E White and Black African	J Pakistani	N African	S Any other ethnic group
C Any other white background	F White and Asian	K Bangladeshi	P Any other Black background	Z Not stated
	G Any other mixed background	L Any other Asian background		99 Not Known

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Familial Hypercholesterolemia Eligibility Criteria

Simon Broome criteria indicates possible FH
or

Welsh or Dutch lipid clinic score greater than 5

Use this web tool to calculate the Welsh Lipid Score <https://fhwalescriteria.co.uk/>

Ensure all sections of the test order form are completed.
Processing of samples may be delayed if information is incomplete.

Send samples at room temperature by 1st class post or courier to:

Cambridge University Hospitals
Genomic Laboratory

geneticslaboratories@nhs.net

01223 348866

Cambridge University Hospitals
Genomic Laboratory, Box 143,
Cambridge University Hospital
Foundation Trust,
Cambridge, CB2 0QQ

Nottingham University Hospitals
Regional Genetics Laboratories

NUHNT.moleculargenetics@nhs.net

0115 9627743

Nottingham Regional Genetics
Laboratory Service,
Nottingham University Hospitals NHS
Trust,
Nottingham, NG5 1PB

Leicestershire Cytogenetics
Laboratory

uho-tr.uhlcytogenetics@nhs.net

0116 258 5637

Leicestershire Genetics Centre,
University Hospitals of Leicester NHS
Trust,
Leicester,
LE1 5WW

Discussion with patients and family about genomic testing

Prior to testing an appropriate discussion of genomic testing and possible implications must take place according to the Consent and Confidentiality in Genomic Medicine guidelines (<https://bit.ly/2XkbtMu>).

A record of this discussion must be retained within the patient's record.

A recommended record of discussion form is provided on the eastgenomics.org.uk website.

We accept the following samples for Familial Hypercholesterolemia Genetic Testing:

Venous blood: EDTA Blood Tube

Adult: 3-5ml

Children: 1-5ml

Mouthwash / buccal swab (please contact the CUH Genomic Laboratory)

Store samples at 4°C if transport is delayed

For lab use only:

Error code:

Additional information: