

Willink Biochemical Genetics Laboratory, Genetic Medicine, 6 <sup>th</sup> Floor, Pod 1, St Mary's Hospital Oxford Road, Manchester M13 9WL		Phone 0161 70 12137 Fax 0161 70 12303 email: forename.surname@cmft.nhs.uk	Central Manchester University Hospitals NHS Foundation Trust	NHS
WILLINK NUMBER (lab use only)		REFERRING LAB NUMBER (external requests only)	HOSPITAL NUMBER	NHS NUMBER
SURNAME		HOSPITAL		WARD
FORENAMES		REQUESTING DOCTOR (print and sign)		
DATE OF BIRTH	REFERRING LABORATORY (address for reports for external requests)			
SEX M / F				
CONSULTANT (name and phone number)		SPECIMEN TYPE (please use separate form for each sample type)	DATE AND TIME OF COLLECTION	
If URGENT analysis is required please contact the laboratory to discuss	CLINICAL DETAILS (including drugs)			
<b>TEST(S) REQUIRED (please tick)</b>				
	URINE:		BLOOD:	
	AMINO ACIDS SCREEN		QUANTITATIVE AMINO ACIDS	
	ORGANIC ACIDS		LYSOSOMAL ENZYME SCREEN	
	MUCOPOLYSACCHARIDES		OTHER LYSOSOMAL ENZYME (specify below)	
	OLIGOSACCHARIDES		VERY LONG CHAIN FATTY ACIDS	
			CARNITINE/ACYLCARNITINE	
	OTHER INVESTIGATIONS (specify below)			
<p>A full list of analyses offered and specimens required is detailed in the Laboratory User's Handbook: <a href="http://www.mangen.co.uk">www.mangen.co.uk</a>          Responsibility for consent required for these genetic tests remains with the referring clinician.</p>				

**Important note:** The complete history of this document including its author, authoriser(s) and revision date, can be found on Q-Pulse

**CONTROLLED DOCUMENT – DO NOT PHOTOCOPY**