CPA
Accredited Medical Laboratory
Reference No: 4015

Central Manchester University Hospitals NHS
NHS Foundation Trust

Contact

Genomic Diagnostics Laboratory
6th Floor
St Mary's Hospital
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Manchester
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Tel: 0161 276 3265
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Samples:

- Blood in EDTA
- Adults 10ml
- Children 5-10ml
- Neonates 1ml (minimum)
- Store at room temperature
- Do not refrigerate or freeze
- Send by first class post to arrive within 48hrs of sampling

Request card available from

www.mangen.org.uk/

Neurofibromatosis type 1 (NF1) (OMIM# 162200)
Legius syndrome (SPRED1) (OMIM# 611431)

NF1 and Legius syndrome mutation screening (NCG referrals) – testing pro-forma

Explanatory Notes:
This form should accompany all requests for mutation screening of the NF1 and SPRED1 genes. Please ensure the information you provide is as complete possible as this information will be used to determine eligibility for NCG funded testing and audit the effectiveness of the service. The referring clinician may be contacted for further information, if required.

Patient Details	
Forename	
Surname	
Date of Birth *(dd/mm/yyyy)*	
NHS number	
Address	
Local Ref no	
Complex NF1 NCG criterion met?	Yes/No Details _____ _____
Referrer Information	
Name	
Specialty	
Address	
Date of completion	
Referral Information	
Have you discussed the patient with Dr Huson or Prof Evans and had your patient pre-approved for NCG funding?	Yes/No Date of discussion (if Yes) _____
Has the patient undergone NF1 mutation scanning previously?	Yes/No (*If yes please include a copy report or provide details of extent of screening e.g. DNA & MLPA and lab undertaking the investigation)* _____ _____

Thank you for your time and co-operation