CPA
Accredited Medical Laboratory
Reference No: 1934

Central Manchester and Manchester Children's University Hospitals
NHS Trust

NHS

Contact

Molecular Genetics
Genetic Medicine
6th Floor
St Mary's Hospital
Oxford Road
Manchester
M13 9WL

Tel: 0161 276 6122
Fax: 0161 276 6606

Samples:

- Blood in EDTA
- Adults 10ml
- Children 5-10ml
- Neonates 1ml (minimum)
- Store at 4°C,
- Do not freeze
- Send by first class post
- Tumour samples – please contact laboratory for advice

Request card available from

www.mangen.org.uk/

Neurofibromatosis type 2 (NF2) (OMIM#101000)

NF2 mutation screening (NCG referrals) – clinical pro-forma

Explanatory Notes:
This form should accompany all requests for mutation screening of the NF2 gene. It is not necessary to complete this form for follow on tests where a mutation has already been identified within a family. 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 will be contacted for further information if criteria for NCG testing appear not to have been met.

Patient Details	
Forename	
Surname	
Date of Birth *(dd/mm/yyyy)*	
NHS Number	
Address	
Local Ref No.	

Referrer Information	
Name	
Specialty	
Address	
Date of completion *(dd/mm/yyyy)*	

PTO

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Clinical Summary	
Has the patient undergone NF2 mutation scanning previously?	Yes – *Lymphocyte DNA* ☐ Yes – *Tumour DNA* ☐ No ☐ *If yes please provide details extent of screening e.g. SSCP of coding DNA & MLPA and lab*
Does the patient have any of the following?	
Vestibular schwannoma	Yes ☐ No ☐ *If yes* bilateral ☐ unilateral ☐ age of onset ☐
Meningioma	Yes ☐ No ☐ *If yes please give number* ☐ age of onset ☐
Other Schwannoma	Yes ☐ No ☐ *If yes please indicate the site and number* age of onset ☐
Juvenile posterior subcapsular lenticular opacities/ juvenile cortical cataract	Yes ☐ No ☐
Family History	Yes ☐ No ☐
Mononeuropathy	Yes ☐ No ☐
Ependymoma	Yes ☐ No ☐ *If yes please give number* ☐ age of onset ☐

Thank you for your time and co-operation