Viapath Analytics Molecular Pathology Laboratory

Please send all samples to: Molecular Pathology c/o Central Specimen Reception, Blood Sciences Laboratory, Ground Floor Bessemer Wing, King's College Hospital, Denmark Hill, London SE5 9RS

Molecular Pathology Referral Form

Patient details		Referrer details	
Surname		Surname	
First name		First name	
Date of Birth		Department	
Sex		Address line 1	
Ethnicity		Address line 2	
NHS number		Address line 3	
Your Hospital no		Postcode	
Your Lab no		Telephone	
Antenatal *(ANT)*	Yes ☐ No ☐	Email	
Partner *(if ANT)*			

Pathology Results (please provide as much detail as possible).

Iron/liver Parameters		Haematology indices			
Serum Ferritin		Hb		HbF %	
Serum Iron		RBC		HbA_2 %	
Serum TSat		MCV		Hb variant %	
Serum Bilirubin		MCH		Absolute Reticulocyte	
		Platelets		Reticulocyte %	
Blood Film comments:					
Reason for referral/ family details					

Sample requirements:

For haemoglobinopathy investigation:	2 x 4 ml EDTA blood
Children and adults (all other tests):	4 ml EDTA blood
Infants:	1 ml EDTA blood
As DNA for Next Generation Sequencing:	3-5µg genomic DNA
As DNA for all other tests:	1-5µg genomic DNA

Date sample collected:.....

Molecular Tests (please tick all that apply)

- ☐ Hb variant identification
- ☐ Haemoglobinopathy investigations
- ☐ Alpha thalassaemia
- ☐ Beta thalassaemia
- ☐ Pyruvate kinase gene sequencing
- ☐ Porphyria single gene sequencing (please state gene):_____
- ☐ Other (please state):_____
- ☐ Gilbert's genotyping ($TA_{5/6/7/8}$ repeat)
- ☐ Hereditary haemochromatosis (HFE) (C282Y and H63D variants)
- ☐ Alpha-1-antitrypsin genotype (S and Z alleles)
- ☐ Thrombophilia genetic screen (please tick all that apply):
  FVL ☐ PT ☐ MTHFR ☐
- ☐ Familial variant testing - for previously identified variants from NGS (please state familial variant):_____

For further details of each test please refer to the Viapath website

Next Generation Sequencing **Red Cell Gene Panel**

Please ensure FBC and film data are entered for all NGS requests.
Subpanels (please tick all that apply)

- ☐ Megaloblastic anaemia
- ☐ Congenital dyserythropoietic anaemia
- ☐ Congenital erythrocytosis
- ☐ Red Cell Membranopathy
- ☐ Bone Marrow Failure
- ☐ Neutropenia
- ☐ Thrombocytopenia
- ☐ Lymphedema
- ☐ Sideroblastic anaemia
- ☐ Diamond-Blackfan anaemia
- ☐ Haemoglobinopathies
- ☐ Red Cell Enzyme
- ☐ Iron regulation
- ☐ HLH
- ☐ Porphyria
- ☐ Single gene analysis:_____(name of gene)

For details of genes in each subpanel, please refer to the Viapath website.

Patient consent

For all samples sent please ensure that the patient has given appropriate consent for:

1. Analysis of DNA for diagnostic purposes.
2. Indefinite storage of DNA.
3. Use of anonymous DNA as control samples.

A copy of our consent form is available upon request.