

Viapath Analytics Molecular Pathology Laboratory contact details

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Molecular Diagnostics 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 ref. no:		Postcode	
Antenatal (<i>ANT</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone	
Partner (<i>if ANT</i>)		Email	

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 %	
Reason for referral/ family details					

Where possible please also provide a blood film or blood film results.

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

Molecular Tests (please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hb variant identification | <input type="checkbox"/> Gilbert's genotyping (TA _{5/6/7/8} repeat) |
| <input type="checkbox"/> Haemoglobinopathy investigations | <input type="checkbox"/> Hereditary haemochromatosis (HFE) (C282Y and H63D variants) |
| <input type="checkbox"/> Alpha thalassaemia | <input type="checkbox"/> Alpha-1-antitrypsin genotype (S and Z alleles) |
| <input type="checkbox"/> Beta thalassaemia | <input type="checkbox"/> Thrombophilia genetic screen (please tick all that apply): |
| <input type="checkbox"/> Pyruvate kinase gene sequencing | FVL <input type="checkbox"/> PT <input type="checkbox"/> MTHFR <input type="checkbox"/> |
| <input type="checkbox"/> Other (please state): _____ | |

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)

- | | |
|---|---|
| <input type="checkbox"/> Megaloblastic anaemia | <input type="checkbox"/> Sideroblastic anaemia |
| <input type="checkbox"/> Congenital dyserythropoietic anaemia | <input type="checkbox"/> Diamond-Blackfan anaemia |
| <input type="checkbox"/> Congenital erythrocytosis | <input type="checkbox"/> Haemoglobinopathies |
| <input type="checkbox"/> Membranopathy | <input type="checkbox"/> Red Cell Enzyme |
| <input type="checkbox"/> Bone Marrow Failure | <input type="checkbox"/> Iron regulation |
| <input type="checkbox"/> Neutropenia | <input type="checkbox"/> HLH |
| <input type="checkbox"/> Thrombocytopenia | <input type="checkbox"/> Porphyria |
| <input type="checkbox"/> Lymphedema | |
| <input type="checkbox"/> 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.