

# **REQUEST FOR NON-ROUTINE MOLECULAR GENETICS TEST**

Please complete and return to: Genetics Laboratories, Molecular Genetics Laboratory, Box 158, Level 6  
Addenbrooke's Treatment Centre, Addenbrooke's Hospital, Cambridge CB2 0QQ (Tel: 01223 348866)  
**(If this information is in an existing clinical letter, then the summary letter can be sent instead)**  
**All requests for non-routine molecular genetics tests will be reviewed by committee.**  
**You will be contacted within 6 weeks of receipt of this form to confirm if testing will proceed.**

**PATIENT NAME & D.O.B:**

**REFERRING CONSULTANT:  
(Department & Hospital)**

**GENETIC DISORDER/TEST:**

**Cost and laboratory:**

Clinical indications for molecular tests for genetics disorders (in accordance with UK Genetic Testing Network guidelines):

**1) Diagnosis**

- Clinical symptoms of patient (give as much information as possible)
  
- Has/can a diagnosis been made by any other method, including clinical examination by an expert?
  
- Other investigations previously performed and results:
  
- Other investigations planned (outcome of which may alter choice of DNA test):

**2) Clinical utility**

- How will a specific diagnosis affect management or treatment:
  
- Please indicate relationship (to index case) of at-risk family members who may want carrier/predictive testing:
  
- If appropriate, are the family considering prenatal diagnosis?

**3) Further information**

Lab use only:  
Date received:

Date reviewed:

A R