

# Hereditary Disorders - Gene Sequencing

## Sample requirements

4.5ml EDTA blood / 2µg of DNA

*Incomplete forms will result in delay of sample analysis, and possible rejection of samples.*

## Test required

<input type="checkbox"/>	<b>BRCA1 &amp; BRCA2 (including copy number analysis)</b>
<input type="checkbox"/>	<b>BRCA Extended Panel</b>
<input type="checkbox"/>	<b>HNPCC - Colorectal Cancer</b>
<input type="checkbox"/>	<b>FAP - Colorectal Cancer</b>
<input type="checkbox"/>	<b>Aortopathy Gene Panel</b>
<input type="checkbox"/>	<b>Alport Syndrome</b>
<input type="checkbox"/>	<b>Marfan Syndrome</b>
<input type="checkbox"/>	<b>Rasopathy Gene Panel</b>
<input type="checkbox"/>	<b>OTHER</b>

Patient information		Referring clinician information	
Surname		Name (print clearly)	
Forename		Hospital	
DOB	Male / Female	Contact Tel	
NHS No/Ref No		Email	
Postcode			

Sample information		Copy report to be issued to	
Date sample taken		Name	
Sample reference		Hospital	
		Email	

## Patient consent

Please confirm that this patient has given informed consent to giving a DNA sample for this test. The sample will be stored in the NewGene laboratory unless otherwise requested.

Signature of referrer  Date

Samples should be sent to:

**NewGene, Sample Reception, Biomedicine Wing, International Centre for Life, Central Parkway, Newcastle upon Tyne, NE1**

**4EP** Enquires: 0191 242 1923 / Email: [tnu-tr.newgene@nhs.net](mailto:tnu-tr.newgene@nhs.net) (Opening hours: 8:30am – 5:00pm, Monday to Friday)

Shipping Instructions: All samples should be appropriately packaged and labelled and sent via Courier or Royal Mail 1st Class Special Delivery.



## For NewGene use only

Sample ref:	<input type="text"/>	Sample type	<input type="text"/>
-------------	----------------------	-------------	----------------------