

# Hereditary Disorders - Gene Sequencing



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## 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 Northern Genetics Service laboratory unless otherwise requested.	
Signature of referrer	Date

Samples should be sent to:

**Sample Reception, Northern Genetics Service, Biomedicine East Wing, International Centre for Life, Newcastle upon Tyne, NE1 3BZ**

Enquires: 0191 241 8804 / 241 8787 (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 Laboratory use only	
Sample ref:	Sample type