

## Request for Haemochromatosis Gene (HFE) Mutation Analysis

\*Patient's First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

(NOTE: HFE testing of minors is not recommended, and we do not offer it)

(Relevant for test interpretation as occurrence of HFE mutations and associated disease risk vary with ethnicity)

Hospital: \_\_\_\_\_ Ward/Clinic: \_\_\_\_\_ Hospital No: \_\_\_\_\_

\*Requesting Clinician & Location: \_\_\_\_\_ GP Code: \_\_\_\_\_

Clinical Query: Confirm Diagnosis  Determine Carrier Status/Predictive Testing

### Reason for Request:

Elevated serum ferritin concentration	<input type="checkbox"/>	Value: _____ $\mu\text{g/L}$	Diabetes Mellitus	<input type="checkbox"/>
Elevated serum transferrin saturation	<input type="checkbox"/>	Value: _____ %	Cardiomyopathy	<input type="checkbox"/>
Abnormal Liver Profile	<input type="checkbox"/>		Arthropathy/Arthritis	<input type="checkbox"/>
Ciarrhosis	<input type="checkbox"/>		Fatigue	<input type="checkbox"/>
Hepatoma	<input type="checkbox"/>		Other (please specify)	<input type="checkbox"/>
Family history of haemochromatosis	<input type="checkbox"/>			

Has overt haemochromatosis been diagnosed in any family member? YES / NO

Are any family members known to carry a HFE gene mutation? YES / NO

If YES to any of above:

What is the relationship of the family member(s) to the patient? \_\_\_\_\_

Please indicate where the analysis was carried out and the mutation(s) identified:

\_\_\_\_\_

Has the patient had a bone marrow transplant? YES  Send buccal swab  
NO  Send blood (EDTA bottle) or buccal swab

Date Sample Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Sample Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

**N.B.** EDTA Sample Required (unless otherwise stated)

Laboratory Number:

### \*Confirmation of Patient Consent for Genetic Testing

The requesting clinician confirms that written consent has been obtained for HFE genotyping and storage of DNA samples: YES  Clinician's Signature: .....

The consent form should be kept locally in the patient record and should not be sent to the laboratory with this test

This request form must be completed in full. Fields with asterisk (\*) are mandatory. Uncompleted request forms will **NOT** be processed.