NHS
South East
Genomic Laboratory

MOLECULAR HAEMOSTASIS & THROMBOSIS TEST REQUEST FORM

Molecular Haemostasis & Thrombosis,
Viapath Analytics LLP
4th Floor North Wing St. Thomas' Hospital.
London, SE1 7EH
T: 020 7188 6817/2798
viapath.mol.haem@nhs.net

All fields are mandatory. Illegible, unclear or incomplete forms will result in delays or rejection.

CONSENT STATEMENT: It is the referring clinician's responsibility to ensure that the patient/carer knows the purpose of the test and that the sample may be stored for future diagnostic testing. In signing this form the clinician has obtained consent for testing, storage and for the use of this sample and the information gathered from it to be shared with members of the donor's family through their health professionals (if appropriate). The patient should be advised that the sample may be used anonymously for quality assurance and training purposes. If the patient does not wish information to be shared please write this clearly in the clinical summary box.

PATIENT DEMOGRAPHICS	
First name:	
Last name:	
DOB:	**Gender:** Male ☐ Female ☐ Other ☐
NHS number:	
Hospital no:	**Family ref no:**
Postcode:	**Life status:** Alive ☐ Deceased ☐
Non-NHSE funded (please attach invoicing details): ☐	

PATIENT ETHNICITY	
White:	British ☐ Irish ☐ Any Other White Background ☐
Mixed:	White And Black Caribbean ☐ White And Black African ☐ White And Asian ☐ Any Other Mixed Background ☐
Asian or Asian British:	Indian ☐ Pakistani ☐ Bangladeshi ☐ Any Other Asian Background ☐
Black or Black British:	Caribbean ☐ African ☐ Any Other Black Background ☐
Other Ethnic Groups:	Chinese ☐ Any Other Ethnic Group ☐ (please specify: _____)
Not stated ☐	**Not Known** ☐

CLINICAL INFORMATION AND FAMILY HISTORY

Please give as much clinical and genetic information as possible. Interpretation of results depends on the quality of clinical information provided. Please use HPO terms (https://hpo.jax.org/app/) when possible, see reverse.

Is patient pregnant? Y/N If yes how many weeks gestation? _____

Have other members of this family had gene testing? Y/N
Please provide details:

For familial cases, please include a pedigree with the patient clearly marked:

Affected ☐ Unaffected ☐ | Age of onset: | Patients to be tested: Patient only ☐ Patient and both parents ☐ Other ☐

CLINICALLY URGENT? ☐

CLINICIAN DETAILS

Requesting clinician / consultant	**Responsible clinician / consultant *(if different)***
Name:	Name:
Hospital & department:	Hospital & department:
NHS email:	NHS email:
Phone:	Phone:

SAMPLE TYPE:
Blood EDTA ☐ for DNA or gene tests (if not EDTA please state)
Extracted DNA ☐
CVS ☐ **Amnio** ☐ **Fetal blood** ☐ **POC** ☐
Other (please state e.g. buccal swab)
Date of collection:
Time of collection:
For Departmental Use Only:

TEST REQUEST:

Gene test: _____

Test directory clinical indication and ID (R number): _____

https://www.england.nhs.uk/publication/national-genomic-test-directories/

If the clinical indication and code are not provided, a test or panel will be applied based on the clinical information provided.

DNA storage only ☐

Other (please specify) _____

Note: Please ensure the latest version of this request form is used, found on our website: www.southeastgenomics.nhs.uk

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Patient first name:	**Patient last name:**	**DOB:**	**NHS no:**

HPO terms phenotypes and presence in this individual – please tick
Please confirm the HPO terms that have been assessed, and select whether they are present or absent

Bleeding disorder	**Present**	**Absent**
Bruising susceptibility HP:0000978		
Epistaxis HP:0000421		
Prolonged bleeding after surgery HP:0004846		
Prolonged bleeding after dental extraction HP:0006298		
Gingival bleeding HP:0000225		
Petechiae HP:0000967		
Menorrhagia HP:0000132		
Post partum haemorrhage HP:0011891		
Intracranial haemorrhage HP:0002170		
Cerebral haemorrhage HP:0001342		
Gastrointestinal haemorrhage HP:0002239		

Thrombocytopenia / Platelet disorder	**Present**	**Absent**
Thrombocytopenia HP:0001873		
Congenital thrombocytopenia HP:0001905		
Macrothrombocytopenia HP:0040185		
Abnormal platelet function HP:0011869		
Abnormal platelet granules HP:0011883		
Glanzmann Thrombasthenia ORPHA:849		
Bernard Soulier syndrome ORPHA:274		
Gray Platelet syndrome ORPHA:721		
Thrombotic Thrombocytopenic Purpura ORPHA:54057		

Thrombosis / Thrombophilia	**Present**	**Absent**
Venous thrombosis HP:0004936		
Deep venous thrombosis HP:0002625		
Pulmonary embolism HP:0002204		
Arterial thrombosis HP:0004420		
Stroke HP:0001297		
Cerebral venous thrombosis HP:0005305		

Other (please specify)	**Present**	**Absent**
Sensorineural hearing impairment HP:0000407		
Presenile cataracts HP:0007819		
Renal insufficiency HP:0000083		
Ocular albinism HP:0001107		
Neutrophil inclusion bodies HP:0008264		

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