

LIVER MOLECULAR GENETICS (LMG) SERVICE

Liver Labs, Institute of Liver Studies

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| PATIENT INFORMATION * | | SPECIMEN INFORMATION * | | REFERRER INFORMATION * | |
|---|--------------------------|---|--------------------|---|--|
| SURNAME | | External Lab no. | | Name (PRINT) | |
| FORENAME | | Specimen taken | Date (dd/mm/yyyy) | Hospital / Location | |
| DOB / AGE | | | Time (24hr format) | | |
| SEX | | | Taken by | REPORT / RESULTS DESTINATION / COMMUNICATION * | |
| POSTCODE | | ADDITIONAL SPECIMEN INFORMATION * | | Tel. / FAX | |
| <input type="radio"/> KING'S | HOSPITAL NO. | <input type="checkbox"/> Peripheral blood 10mL EDTA (purple top) | | Email | |
| <input type="radio"/> EXTERNAL | | <input type="checkbox"/> Tissue | Origin | Address (please include Postcode) | |
| <input type="radio"/> NHS | NHS No. | Others, Please Specify | | | |
| <input type="radio"/> Private | | | | Billing Address & Email (if not same as above) | |
| <input type="radio"/> Others | | | | | |
| Please Specify: | | | | | |
| Ward / Clinic | | | | | |
| GENETIC TEST REQUIRED * | | CLINICAL DETAILS * | | | |
| Cholestasis genetics (incl. Alagille Syndrome) | <input type="checkbox"/> | <i>(Family history / ethnicity / relevant results / reason for request, etc.)</i> | | | |
| Wilson disease genetics | <input type="checkbox"/> | | | | |
| Haemochromatosis genetics | <input type="checkbox"/> | | | | |
| HLA B57 genotype (Abacavir sensitivity) | <input type="checkbox"/> | | | | |
| HLA DQ genotype (Coeliac disease) | <input type="checkbox"/> | | | | |
| HLA B27 genotype (Ankylosing Spondylitis) | <input type="checkbox"/> | | | | |
| HLA broad genotype (Liver transplant) | <input type="checkbox"/> | | | | |
| Others, Please specify: | | ALL PACKAGING SHOULD CONFORM TO PI 650 STANDARDS | | | |
| For LMG laboratory use: | | Received by: | | | |
| Lab # | | Date & Time: | | | |
| * SPECIMEN WILL NOT BE ACCEPTED UNLESS CORRECTLY LABELLED, PACKED & ACCOMPANIED BY A FULLY COMPLETED REQUEST FORM SENT TO OUR ADDRESS ABOVE | | | | | |
| For further information: Tel. +44 (0)20 3299 2253 / 4625 email: kch-tr.KCHLMG@nhs.net Website: https://liverlabs.kch.nhs.uk/molecular-genetics | | | | | |