


LIVER MOLECULAR GENETICS (LMG) SERVICE

Liver Labs, Institute of Liver Studies

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King's College Hospital 

NHS Foundation Trust

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	Address (please include Postcode)	
<input type="radio"/> NHS	NHS No.	<input type="checkbox"/>	Origin		
<input type="radio"/> Private			Others, Please Specify	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					