

Newcastle Genetics Laboratory

(Yorkshire and North East Genomics Laboratory Hub)

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Complement Genotyping Request Form

Please check eligibility for referral to the National Renal Complement Therapeutics Centre (NRCTC)

www.atypicalhus.co.uk

email: atypical.hus@nhs.net

tel: 0191 2820385

Has this patient been referred to the National aHUS Service? Yes
If yes, there will be no charge for testing

If no, an invoice may be sent to the referring clinician (please see page 3 of 4 for details): No
To whom should the invoice be addressed (if not the referring clinician)?

Patient information:

Surname

Forename

Sex

Date of Birth (dd/mm/yyyy)

Address

Postcode

Hospital

Hospital number

NHS/CHI number

Ethnic group

Referring Clinician (person to whom result will be sent):

Name

Address

Postcode

E-mail address (@nhs.net)

Telephone number

Samples required:

Important: please do not send samples via your local genetics laboratory

2 – 5 ml EDTA and one 5 ml clotted blood sample (collected into a tube with no anticoagulant or into an SST tube).

Or 10µg of DNA (minimum concentration 20ng/µl).

Please note that blood collected into sodium citrate is not suitable for the serum complement screen.

Samples should be labelled with forename, surname and date of birth. The samples should be sent by courier (outside UK) or first class post (within UK) in an appropriate container (at ambient temperature) to the address above

Date sample taken (dd/mm/yy):

Clinical Information: Please fill in completely to avoid any delay in screening (where available please include the levels of any complement components measured such as C3, C4, Factor I, Factor B, Factor H or if any genetic testing for aHUS has been carried out elsewhere. Please also include a pedigree if appropriate).

Atypical HUS

Initiating trigger

- Non-shiga toxin diarrhoea
- Respiratory tract infections
- Other infection
- Malignancy
- Bone marrow transplantation
- New medication (see list detail)

Extra-renal manifestations

- Neurological involvement
- Pancreatic involvement
- Ocular involvement
- Digital gangrene
- Other

Family member also affected

Pregnancy associated

Transplant associated

The patient is on

- Haemodialysis
- Plasma Exchange
- Eculizumab

Date of Presentation (dd/mm/yyyy)

Other information

Drugs associated with aHUS:

Cisplatin; Gemcitabine; Mitomycin; Clopidogrel; Quinine; Interferon α , β ; anti-vascular endothelial growth factor; Campath; Cyclosporin; Tacrolimus; Ciprofloxacin; oral contraceptives; illicit drugs e.g. cocaine, heroin, ecstasy.

Disease:

- aHUS (atypical haemolytic uraemic syndrome)
- D+HUS (diarrhoeal associated haemolytic uraemic syndrome)
- TMApt (post transplant thrombotic microangiopathy)
- HELLP (haemolysis, elevated liver enzymes, low platelets)
- MPGN (membranoproliferative glomerulonephritis) *please state which type (I, II or III)*
- C3G (C3 glomerulopathy)

Patient's full name:

Date of Birth:

Tests available:

Please note that payment must be received prior to testing (except UK and Ireland referrals).
Please contact hazel.forrest@nhs.net for more information on payment.

NHS referrals from England (patients that do NOT meet the NRCTC eligibility criteria)

aHUS, D+HUS, TMApt, and HELLP referrals	cost	please select
Genetic analysis:		
Full genetics screen [‡]	£0	<input type="checkbox"/>
Additional analysis:		
Serum complement screen [‡]	£250	<input type="checkbox"/>
Anti-factor H auto antibodies (research basis only)	£90	<input type="checkbox"/>
MPGN and C3G referrals	cost	please select
Genetic analysis:		
Full genetics screen [‡]	£0	<input type="checkbox"/>
CFHR5 dosage analysis only	£0	<input type="checkbox"/>
Additional analysis:		
Serum complement screen [‡]	£250	<input type="checkbox"/>
Anti-factor H auto antibodies (research basis only)	£90	<input type="checkbox"/>
	cost	please select
Test for known familial mutation: please give name of proband and details of mutation	£0	<input type="checkbox"/>

Private patients and referrals from outside England

aHUS, D+HUS, TMApt, and HELLP referrals	cost	please select
Genetic analysis:		
Full genetics screen [‡]	£1700	<input type="checkbox"/>
Additional analysis:		
Serum complement screen [‡]	£250	<input type="checkbox"/>
Anti-factor H auto antibodies (research basis only)	£90	<input type="checkbox"/>
MPGN and C3G referrals	cost	please select
Genetic analysis:		
Full genetics screen [‡]	£1700	<input type="checkbox"/>
CFHR5 dosage analysis only	£155	<input type="checkbox"/>
Additional analysis:		
Serum complement screen [‡]	£250	<input type="checkbox"/>
Anti-factor H auto antibodies (research basis only)	£90	<input type="checkbox"/>
	cost	please select
Test for known familial mutation: please give name of proband and details of mutation	£155	<input type="checkbox"/>

please email David.Kavanagh@nhs.net to discuss further appropriate testing

Patient's full name:

Date of Birth:

‡Details of Analysis:

for aHUS, D+HUS, TMApt, and HELLP referrals

Genetic analysis

Full screen:

sequencing of all coding exons of *CFH*, *CFI*, *CD46*, *C3*, *CFB*, *DGKE*, *MMACHC*
dosage analysis of selected exons for *CFH*, *CFI*, *CD46*, *CFHR1* and *CFHR3*

Serum complement screen

C3, C4, factor H, factor I, CD46 expression, C3 Nephritic factor if C3 levels are low

MPGN and C3G referrals

Genetic analysis

Full screen

sequencing of all coding exons of *CFH*, *CFI*, *CD46*, *C3*, *CFB*,
dosage analysis of selected exons for *CFH*, *CFI*, *CD46*, *CFHR1*, *CFHR3* and *CFHR5*

Serum complement screen

C3, C4, factor H, factor I, CD46 expression, C3 Nephritic factor