

Hereditary Disorders - Gene Sequencing

Sample requirements

4.5ml EDTA blood / 2µg of DNA

Incomplete forms will result in delay of sample analysis, and possible rejection of samples.

Test required

<input type="checkbox"/>	BRCA1 & BRCA2 (including copy number analysis)
<input type="checkbox"/>	BRCA Extended Panel
<input type="checkbox"/>	HNPCC - Colorectal Cancer
<input type="checkbox"/>	FAP - Colorectal Cancer
<input type="checkbox"/>	Aortopathy Gene Panel
<input type="checkbox"/>	Alport Syndrome
<input type="checkbox"/>	Marfan Syndrome
<input type="checkbox"/>	Rasopathy Gene Panel
<input type="checkbox"/>	OTHER

Patient information		Referring clinician information	
Surname		Name (print clearly)	
Forename		Hospital	
DOB	Male / Female	Contact Tel	
NHS No/Ref No		Email	
Postcode			

Sample information		Copy report to be issued to	
Date sample taken		Name	
Sample reference		Hospital	
		Email	

Patient consent

Please confirm that this patient has given informed consent to giving a DNA sample for this test. The sample will be stored in the NewGene laboratory unless otherwise requested.

Signature of referrer Date

Samples should be sent to:

NewGene, Sample Reception, Biomedicine Wing, International Centre for Life, Central Parkway, Newcastle upon Tyne, NE1 4EP

Enquires: 0191 242 1923 / Email: enquiries@newgene.org.uk (Opening hours: 8:30am – 5:00pm, Monday to Friday)

Shipping Instructions: All samples should be appropriately packaged and labelled and sent via Courier or Royal Mail 1st Class Special Delivery.



For NewGene use only

Sample ref: Sample type: