Accredited Medical Laboratory
Reference No: 2212

The Newcastle upon Tyne Hospitals NHS
NHS Foundation Trust

Northern Molecular Genetics Service

Institute of Genetic Medicine, Biomedicine East Wing, Central Parkway,
Newcastle upon Tyne, NE1 3BZ
Tel. 0191 241 8781/8775/8754
complement.genotyping@nuth.nhs.uk
http://rarerenal.org/clinician-information/haemolytic-uraemic-syndrome-atypical-ahus-clinician-information/

Complement genotyping request form

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

Telephone number

Fax number

Has this patient been referred to the National aHUS Service? Yes ☐ No ☐

If no, an invoice will be sent to the referring clinician.

If this patient has <u>not</u> been referred to the National aHUS Service, to whom should the invoice be addressed (if not the referring clinician)?

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

Disease:

- Atypical haemolytic uraemic syndrome ☐
- MPGN[#] (membranoproliferative glomerulonephritis) *please state which type (I, II or III)* ☐
- D+HUS (diarrhoeal associated haemolytic uraemic syndrome) ☐
- TMApt (post transplant thrombotic microangiopathy) ☐
- HELLP (haemolysis, elevated liver enzymes, low platelets) ☐
- Macular degeneration ☐
- C3 glomerulopathy[#] ☐

[#]for MPGN and C3 glomerulopathy analysis of *CFHR5* copy number will be carried out in addition to the tests overleaf.

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.

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@nuth.nhs.uk for more information on payment.

	Cost (£)	Tests required (please select)
• All coding exons of *CFH*, *CFI*, *CD46, C3, CFB* (including copy number of *CFH, CFI, CD46, CFHR1* and *CFHR3*) *target reporting time 8 weeks* Also includes: Serum complement screen: C3, C4, factor H, factor I* CD46 expression by FACS*, C3 nephritic factor* (if C3 low)	1,950	☐
• All coding exons of *CFH*, *CFI*, *CD46, C3, CFB* (including copy number of *CFH, CFI, CD46, CFHR1* and *CFHR3*) *target reporting time 8 weeks* **excluding serum screen (for DNA samples only)**	1,900	☐
• All coding exons of *DGKE* (paediatric cases only)	300	☐
• All coding exons of thrombomodulin (*THBD*)	300	☐
(please email David.Kavanagh@nhs.net or phone 0191 241 8634 to discuss testing for *DGKE* and *THBD*)		
• Test for known familial mutation *target reporting time 2 weeks* (please give name of proband and details of mutation)	155	☐
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.....		
• Anti-factor H auto antibodies** (research basis only)	no charge	☐

**Serum screen, C3 nephritic factor and FACS analysis carried out at Immunology, RVI, Newcastle upon Tyne. **anti-factor H auto antibody analysis carried out at the Institute of Cellular Medicine, Newcastle University.*

Samples required:

2 – 5 ml EDTA and one 5 ml clotted blood sample (collected into a tube with no anticoagulant or into an SST tube).
Or 6 – 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:

Northern Molecular Genetics Service
Biomedicine East Wing
Institute of Genetic Medicine
Central Parkway
Newcastle upon Tyne
NE1 3BZ

Date of sample (dd/mm/yy):

Related links:

aHUS mutation database: www.fh-hus.org
Genetic testing registry: www.ncbi.nlm.nih.gov/gtr/labs/243174/
UK Genetic Testing Network: www.ukgtn.org/gtn
UK aHUS family support group: www.ahus.org.uk

Patient's full name: Date of Birth: