

**Clinical Directorate of Laboratory Medicine, Beaumont Hospital**

<b>Doc No:</b>	HAEMC-LF-077	<b>Revision</b>	3	<b>Active Date</b>	09/06/2022
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**Haemochromatosis Genetic Screening Request Form**

**A) Patient and Sample Details**

Surname: .....Forename: .....

Address: .....  
.....

Date of Birth: ..... Gender: Male  Female

Hospital Number: .....

Ethnic Origin: .....Date/Time Taken: .....

**B) Requestor details for Return if Reports**

Name: .....

Address: .....  
.....

Telephone No: .....

GP  Beaumont  Other Hospital

Sample Type: One 2mL EDTA blood sample

**C) Testing Criteria**

In line with Best Practice Guidelines<sup>1</sup>, HH testing will only be carried out in the following scenarios:

- Testing of adult siblings (brothers and sisters) and adult offspring Of **p.C282Y homozygotes** is recommended owing to increased risk of p.C282Y homozygosity and related increased morbidity.
- The results of iron studies: Iron, Ferritin and Transferrin Saturation (%) are available and meet certain criteria. In particular, the Transferrin Saturation should be raised (> 45%). **It is required to confirm elevated Transferrin Saturation on two occasions before HFE genetic diagnosis testing.**

**D) Indication for test requested:**

Transferrin Saturation levels (%): \_\_\_\_\_ (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) **(REQUIRED)**

*Note: it is required to confirm Transferrin Saturation is raised on two occasions before testing for HH.*

Serum Ferritin levels (ng/mL): \_\_\_\_\_ Abnormal LFTs: Yes  No

**AND/OR**

Is there a First Degree Relative (SIBLING/PARENT)? with **p.C282Y homozygosity** Yes  No

Relationship: \_\_\_\_\_ Genotype: \_\_\_\_\_

**Note: if Transferrin Saturation <45% and/or no first degree relative with p.C282Y homozygosity, the sample will not be processed.**

**E) Patient Genetic Consent**

The requesting clinician confirms that written consent has been obtained for Haemochromatosis genetic testing and subsequent storage of DNA samples. Yes  No

The consent form should be kept locally in the patient record and SHOULD NOT be sent to the laboratory with the test request. Ref: HAEMP-LF-003 Haematology Genetic Consent Form.

**Note: if the “YES” box is not ticked the sample will not be processed.**

Send specimen and completed form to the Haematology Department, Beaumont Hospital, Dublin 9.

Tel: 01-8092703.

1 EMQN best practice guidelines for the molecular genetic diagnosis of hereditary haemochromatosis (HH) European Journal of Human Genetics (2016) 24, 479–495

**PLEASE NOTE ALL SAMPLES & DNA WILL BE STORED FOR 4 WEEKS AFTER REPORTING AND THEN DISCARDED UNLESS WE HAVE A REQUEST IN WRITING TO DISCARD SAMPLE.**