

Referral Form for Genetic Obesity Testing by NGS

East of Scotland Regional Genetics Laboratory, Level 6 Ninewells Hospital, Dundee DD1 9SY

Lab enquiries: Tay.esrg@nhs.scot (website: www.esrg.scot.nhs.uk)

The indication for testing is BMI >3.5 SDS and age of onset <5 years. This test is not appropriate for individuals who also have global developmental delay and/or significant dysmorphic features. In these cases, a referral should be made to Clinical Genetics.

A local genetics consent form must also be supplied. NHS Tayside requests can be made via ICE.

Local contact name of obesity champion:

Patient Details (stickers can be used):

SURNAME:	PATIENT POSTCODE:
FORENAME	PEDIGREE/REFERENCE:
D.O.B. / CHI NUMBER:	GENDER AND ETHNIC ORIGIN:

Referring Clinician:

NAME:	SPECIALITY:
TELEPHONE:	EMAIL:
ADDRESS:	

Clinical Details:

Age of onset

At presentation Date:	Value	SDS
Weight (kg)		
Height (cm)		
BMI (kg/m ²)		

Most recent Date:	Value	SDS
Weight (kg)		
Height (cm)		
BMI (kg/m ²)		

- | | | | |
|--|------------------------------|-----------------------------|---------------|
| Hyperphagia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe..... |
| Autism/Behavioural problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe..... |
| Hypogonadism | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe..... |
| Other medical conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe..... |
| Consanguineous relationship | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe..... |
| Family history of obesity | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe..... |
| Abnormal biochemical results
(glucose, liver function, lipids, thyroid) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe..... |

Any features consistent with a specific syndrome? Please describe:

Family History. Please indicate if family members are known to be obese/severely obese:

Clinical Utility:

- | | |
|--|---|
| Genetic test required to establish a diagnosis <input type="checkbox"/> | Genetic test will be used for predictive testing <input type="checkbox"/> |
| Genetic test will alter management <input type="checkbox"/> | Genetic test will be used for prenatal diagnosis <input type="checkbox"/> |
| Genetic test will predict prognosis/recurrence risk <input type="checkbox"/> | |

Urgent requests can be accommodated but these must be discussed in advance with the laboratory.

Genes: *ALMS1, ARL6, BBS1, BBS10, BBS12, BBS2, BBS4, BBS5, BBS7, BBS9, CEP19, GNAS, LEP, LEPR, MC4R, MKKS, MKS1, MYT1L, NTRK2, PCSK1, PHF6, POMC, SDCCAG8, SIM1, TTC8, VPS13B*