



# The National Diagnostic Epidermolysis Bullosa (EB) Laboratory



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## Request for Mutation Analysis and/or Skin Microscopy

**Patient Details** (Please write legibly in capital letters / use a printed patient details label. Please use a separate form for each individual)

First name	Ethnic origin
Surname	NHS number
Other known name	Hospital
Date of birth	Hospital number
Sex	Consultant

**Patient consent obtained** for diagnosis & research  for diagnosis only  for research only

**Clinical details** (include relevant family history, details of any consanguinity & provisional diagnosis. A pedigree may be helpful. Continue overleaf if necessary). **Affected individual?** Yes  No

### Sample(s)

DNA	<input type="checkbox"/>
Saliva	<input type="checkbox"/>
Blood (in EDTA tube)	<input type="checkbox"/>
Skin: Michel's Medium	<input type="checkbox"/>
Skin: EM Fixative	<input type="checkbox"/>
Skin: RNA Later	<input type="checkbox"/>
ELISA	<input type="checkbox"/>

For lab reference use only

### Skin Biopsy details

Biopsy site: .....

Shave  Punch  Ellipse

Lesional  Peri-lesional  Non-lesional

Rubbed skin: Yes  No

Date & time of sample(s):

Pedigree Number:

**Priority status** Regular  Urgent  Reason for Urgency:

**Requested by** (print name in capital letters)

**Signature**

**Date**

**Contact phone/email**

**Report address** (please state who should receive original report and to whom any copies should be sent; For cases not covered by UK NHS, please give invoicing details – work cannot commence until these are received)

**Lab use only** Samples received (date and time)

Booked in by (initials)

# **CONSENT FOR GENETIC ANALYSIS**

Please note that DNA will be stored

During the consultation we have discussed the following issues and you have agreed to the uses indicated below

To be completed by the patient / parent / legal guardian\*:

(Circle as appropriate)

I agree to analysis of the sample YES/NO/NA

I am happy for further diagnostic testing on the stored sample, if new tests become available, without being contacted YES/NO/NA

I agree that the information and results can be shared to help other family members YES/NO/NA

I agree to the sample or the sample results being used anonymously for research YES/NO/NA