



The National Diagnostic Epidermolysis Bullosa (EB) Laboratory



Guy's Hospital
 Research Oncology Lab Unit
 3rd Floor Bermondsey Wing
 Great Maze Pond Road
 London SE1 9RT

Tel: +44 (0)20 7188 7229
 Fax: +44 (0)20 7188 7233
 Email: EBLab@gstt.nhs.uk

St John's Institute Of
 Dermatology

Request for Mutation Analysis and/or Skin Microscopy

(Please fill BOTH sides of this form)

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

Patient name	Ethnic origin
Other known name	NHS number
Date of birth	Hospital
Sex	Hospital number
Patient Post Code	Consultant

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

Sample(s)

- Skin: Michel's Medium
- Skin: EM Fixative
- Skin: RNA Later
- Blood (in EDTA tube)
- DNA
- Saliva
- ELISA

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:



The National Diagnostic Epidermolysis Bullosa (EB) Laboratory

Guy's Hospital
 Research Oncology Lab Unit
 3rd Floor Bermondsey Wing
 Great Maze Pond Road
 London SE1 9RT

Tel: +44 (0)20 7188 7229
 Fax: +44 (0)20 7188 7233
 Email: EBLab@gstt.nhs.uk



St John's Institute Of
 Dermatology

Requested by (print name in capital letters)

Date

Contact phone/email

Signature

Report address (please state who should receive original report and to whom any copies should be sent; please provide NHS email address for any recipient)

For cases not covered by UK NHS, please give invoicing details – work cannot commence until these are received)

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*:

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

Lab use only Samples received (date and time)

Booked in by (initials)

File name: DME-LF-80

Version 07.2

Author Lu Liu

Issue date 18/06/2019

Authorised by Linda Ozoemena

Review due

Q-Pulse