UKGTN Testing Criteria

Test name: Amelogenesis Imperfecta 21 Gene Panel	
Approved name and symbol of disorder/condition(s): See website listing	**OMIM number(s):**
Approved name and symbol of gene(s): See website listing	**OMIM number(s):**

Patient name:	**Date of birth:**
Patient postcode:	**NHS number:**
Name of referrer:	
Title/Position:	**Lab ID:**

Referrals will only be accepted from one of the following:	
Referrer	**Tick if this refers to you.**
Consultant Clinical Geneticist	
Specialist or Consultant in Paediatric Dentistry	
Specialist or Consultant in Restorative Dentistry	

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:	
Criteria	**Tick if this patient meets criteria**
• Significant developmental abnormalities of enamel quality and/or quantity affecting all or nearly all teeth of both dentitions (primary and secondary) **AND** • environmental factors excluded (Note: Enamel abnormalities affecting unerupted permanent teeth can be detected on dental radiographs meaning that information about both dentitions is available well before eruption of the first permanent tooth)	

Additional Information:

For panel tests:

At risk family members where familial mutation is known do not require a full panel test but should be offered analysis of the known mutation.

If the sample does not fulfil the clinical criteria or you are not one of the specified types of referrer and you still feel that testing should be performed please contact the laboratory to discuss testing of the sample.