UKGTN Testing Criteria

Name of Disease(s):
AMYOTROPHIC LATERAL SCLEROSIS 10, WITH OR WITHOUT FRONTOTEMPORAL DEMENTIA WITH TDP43 INCLUSIONS; ALS10 (612069)
AMYOTROPHIC LATERAL SCLEROSIS 6 WITH OR WITHOUT FRONTOTEMPORAL DEMENTIA; ALS6 (608030)

Name of gene(s): TAR DNA binding protein (605078), fused in sarcoma; FUS (137070)

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	
Consultant Neurologist	

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:

Criteria	Tick if this patient meets criteria
The **presence** of: • Evidence of lower motor neuron (LMN) degeneration by clinical, electrophysiologic, or neuropathologic examination **AND** • Evidence of upper motor neuron (UMN) degeneration by clinical examination **AND** • Progressive spread of symptoms or signs within a region or to other regions, as determined by history or examination **TOGETHER WITH**	
The **absence** of: • Electrophysiologic and pathologic evidence of other disease processes that might explain the signs of LMN and/or UMN degeneration **AND** • Neuroimaging evidence of other disease processes that might explain the observed clinical and electrophysiologic signs.	
AND Relentless progression of symptoms and signs during follow-up period	
AND Additional family history with affected first degree relative or two second degree relatives	
AND Exclusion of *SOD1* mutation	
AND Exclusion of C9ORF72 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.