

UKGTN Testing Criteria

Test name: Acrogigantism (X-Linked)	
Approved name and symbol of disorder/condition(s): Chromosome Xq26.3 Duplication Syndrome	OMIM number(s): 300942
Approved name and symbol of gene(s): G Protein-Coupled Receptor 101	OMIM number(s): 300943

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	<input type="checkbox"/>
Consultant Endocrinologist	<input type="checkbox"/>
Consultant Paediatric Endocrinologist	<input type="checkbox"/>

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:	
Criteria	Tick if this patient meets criteria
Young-onset (diagnosed <20 years) AND	<input type="checkbox"/>
Growth Hormone excess AND	<input type="checkbox"/>
Increased growth velocity and/or tall stature (height SDS >2 over normal mean height or >3 over mid-parental height)	<input type="checkbox"/>
OR At risk family members where familial mutation is known.	<input type="checkbox"/>

Additional Information:

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.