UK Genetic Testing Network

UKGTN Testing Criteria

Test name: **Albinism and Nystagmus 31 Gene Panel**	
Approved name and symbol of disorder/condition(s): For panel tests - see website listing	**OMIM number(s):**
Approved name and symbol of gene(s): For panel tests - see website listing	**OMIM number(s):**

Referrals will only be accepted from one of the following:	
Referrer	**Tick if this refers to you.**
Consultant Clinical Geneticist - Paediatric/Adult	
Consultant Paediatrician	
Consultant Ophthalmologist - Paediatric/Adult	
Consultant Neurologist - Paediatric/Adult	

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:	
Criteria	**Tick if this patient meets criteria**
Nystagmus with onset in childhood OR ophthalmic features of albinism	

Additional Information:
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