

Name of Disease(s): BRANCHIOOTORENAL SYNDROME 1; BOR1 (113650)
Name of gene(s): SIX homeobox 1; SIX1 (601205)
 SIX homeobox 5; SIX5 (600963)

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.
Clinical Geneticist	

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

Criteria	Tick if this patient meets criteria
Hearing loss AND one of the following:	
• Preauricular ear pits;	
• Branchial sinuses (including branchial pits, fistula and tags);	
• Renal dysplasia;	
AND EYA1 mutation negative:	

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.