

UKGTN Testing Criteria

Test name: (for UKGTN administration to complete) Cerebral Arteriopathy with Subcortical Infarcts and Leukoencephalopathy	
Approved name and symbol of disorder/condition(s): Cerebral arteriopathy with subcortical infarcts and leukoencephalopathy ; CADASIL	OMIM number(s): 125310
Approved name and symbol of gene(s): NOTCH3 ; notch3	OMIM number(s): 600276

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 Geneticists	
Consultant Neurologists	
Consultant Stroke Physicians	

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:	
Criteria	Tick if this patient meets criteria
Cerebral Ischaemic event below age of 50 or >50 if with a family history of dementia/migraine	
AND Cognitive impairment with recurrent ischaemic attacks	
OR Subcortical lacunar lesions on MRI scan in white matter	
OR At risk family members where familial mutation is known following genetic counselling	

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.