# UKGTN Testing Criteria

| **Test name:**<br>**"Ectodermal Dysplasia Plus" 70 gene panel** | |
|---|---|
| | |
| **Approved name and symbol of disorder/condition(s):**<br>See website listing | **OMIM number(s):** |
| **Approved name and symbol of gene(s):**<br>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 | |
| Consultant Dermatologist, Adult | |
| Consultant Dermatologist, Paediatric | |
| Consultant Immunologist, Adult | |
| Consultant Immunologist, Paediatric | |

| **Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:** | |
|---|---|
| **Criteria** | **Tick if this patient meets criteria** |
| Suspected diagnosis of ectodermal dysplasia and one or more of the following*:* | |
| Abnormalities of hair (hypotrichosis, sparse hair, sparse/missing eyebrows) | |
| Abnormalities of teeth (hypodontia, conical incisors) | |
| Abnormalities of skin (hypohidrosis, episodes of hyperthermia) | |

**Additional Information:**
For panel tests:
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.**