

**Name of Disease(s):** PITUITARY ADENOMA, GROWTH HORMONE-SECRETING (102200)

**Name of gene(s):** aryl hydrocarbon receptor interacting protein - AIP (605555)

**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	
Consultant Endocrinologist	

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

Criteria	Tick if this patient meets criteria
Clinical diagnosis of isolated pituitary adenoma <b>AND</b>	
Family history of isolated pituitary adenoma <b>or</b> unusual early onset (40 years).	
Family members of affected individuals with a known mutation in a primary or secondary degree relative.	

**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.**