UKGTN Testing criteria

Name of Disease(s): GILBERT SYNDROME (143500)

Name of gene(s): UDP glucuronosyltransferase 1 family, polypeptide A1; UGT1A1 (191740)

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 Haematologists	
Consultant Hepatologists	
Consultant Neonatologists/Paediatricians	
Consultant Physicians	

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

Criteria	Tick if this patient meets criteria
Unexplained unconjugated hyperbilirubinaemia (> 20µmol/L)	

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.