UKGTN Testing Criteria

Test name: **Lipoprotein Lipase Deficiency**	
Approved name and symbol of disorder/condition(s): Hyperlipoproteinemia, Type I/V	**OMIM number(s):** 238600
Approved name and symbol of gene(s): lipoprotein lipase; LPL apolipoprotein C-II; APOC2 lipase maturation factor 1; LMF-1 apolipoprotein A-V; APOA5 glycosylphosphatidylinositol anchored high density lipoprotein binding protein 1; GPI-HBP1	**OMIM number(s):** 609708 608083 611761 606368 612757

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 Metabolic Medicine/Chemical Pathology	
Consultant Clinical Geneticist	
Consultant Metabolic Paediatrician	

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:	
Criteria	**Tick if this patient meets criteria**
Fasting triglycerides > 20 mmol/L	
AND History of admission for pancreatitis	
AND Exclusion of secondary causes of hypertriglyceridaemia e.g. excess alcohol; uncontrolled diabetes	
At risk family members where familial mutation is known.	

Additional Information:

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.