

Name of Disease(s):

LEIOMYOMA, HEREDITARY MULTIPLE, OF SKIN (150800)

LEIOMYOMATOSIS AND RENAL CELL CANCER, HEREDITARY (605839)

Name of gene(s): Fumarate Hydratase; FH (136850)

Patient name:

Date of birth:

Patient postcode:

NHS number:

Name of referrer:

Lab ID:

Title/Position:

Referrals will only be accepted from one of the following:

Referrer	Tick if this refers to you.
Consultant Clinical Geneticist	

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

Criteria	Tick if this patient meets criteria
Multiple cutaneous leiomyomas with family history of HLRCC/MCUL OR	
Multiple cutaneous and uterine leiomyomas OR	
Tubullo-papillary, collecting duct or papillary type 2 renal tumour and multiple cutaneous or uterine leiomyomas OR	
Two or more tubullo-papillary, collecting duct or papillary type 2 renal tumours OR	
Tubullo-papillary, collecting duct or papillary type 2 renal tumour with documented history of similar renal tumour or of multiple cutaneous or uterine leiomyomas in a 1 st degree relative OR	
Relative in family with proven fumarate hydratase gene 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.