

UKGTN Testing Criteria

Test name: Noonan Spectrum Disorders 23 Gene Panel		
Approved name and symbol of disease/condition(s): See website listing		
Approved name and symbol of gene(s): See website listing		OMIM number(s):
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 Paediatric Cardiologist	
Fetal Medicine consultant – appropriate for the pre-screen but not the panel	

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:	
Criteria	Tick if this patient meets criteria
Suspected clinical diagnosis of Noonan syndrome or RAS/MAPK-related disorder	

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