UKGTN Testing Criteria

Test name: **Optic Atrophy 3 Gene Panel**	
Approved name and symbol of disorder/condition(s): Optic Atrophy 1 Optic Atrophy 3, autosomal dominant Optic Atrophy 7 With Or Without Auditory Neuropathy	**OMIM number(s):** 165500 165300 612989
Approved name and symbol of gene(s): optic atrophy 1 (autosomal dominant) optic atrophy 3 (autosomal recessive, with chorea and spastic paraplegia) transmembrane protein 126A	**OMIM number(s):** 605290 606580 612988

Referrals will only be accepted from one of the following:	
Referrer	**Tick if this refers to you.**
Consultant Clinical Geneticist	
Consultant Paediatric Ophthalmologist	

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:	
Criteria	**Tick if this patient meets criteria**
Adult patient with clinical features compatible with a primary inherited optic neuropathy **AND**	
No Leber's hereditary optic neuropathy mitochondrial mutation **AND**	
Glaucoma is excluded	

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.