

**Name of Disease(s):**

SURFACTANT METABOLISM DYSFUNCTION, PULMONARY, 3; SMDP3 (610921)

**Name of gene(s):** ATP-binding cassette, sub-family A (ABC1), member 3; ABCA3 (601615)

**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.
Clinical Geneticists	
Consultant Intensivists	

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

Criteria	Tick if this patient meets criteria
Neonatal respiratory insufficiency of disproportionate severity for advanced gestation, with clinical and X-ray features consistent with pulmonary surfactant deficiency	
<b>AND</b> No other obvious cause for respiratory distress eg. no difficult delivery, no infection, not prematurity	
+/- Known F.Hist of pulmonary surfactant deficiency	

**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.**