

Galactosaemia Investigations Request Form

Patient details			Specimen details			Referring Hospital:		
Surname			Sample date			Address for report		
Forename			Sample time					
Date of Birth		Sex	Lab number			PO number		
NHS Number			Date sent			email address		
						contact number		
Clinical details: (including family history and any previous findings: e.g. newborn bloodspot, galactosaemia screen, galactitol, Gal-1-P, genetics)								
Red blood cell transfusion within the last 4 months? Yes No								
Requests:								
Classical Galactosaemia (Gal-1-PUT deficiency)			Sample types:					
Galactosaemia Screen	GAL	<input type="checkbox"/>	GAL	Li heparin - Whole blood shipped at ambient temperature/chilled arrive <7 days.				
Confirmation /quantitation	GALT	<input type="checkbox"/>	GALT	Li heparin - Whole blood shipped at ambient temperature/chilled, arrive <48hr.				
Carrier testing	GALT	<input type="checkbox"/>						
Suspected variant e.g. Duarte	GALT	<input type="checkbox"/>						
Urine Galactitol	GTL	<input type="checkbox"/>	GTL	fresh random plain urine, first class post.				
Monitoring Classical Galactosaemia	Gal-1-P	<input type="checkbox"/>	Gal-1-P	Li heparin - Whole blood shipped at ambient temperature/chilled, arrive <56hr.				
Galactokinase deficiency								
Enzyme quantitation**	GALK	<input type="checkbox"/>	GALK	**Contact us before shipping** . Li heparin - Whole blood shipped with ice pack / chilled.				
Urine Galactitol	GTL	<input type="checkbox"/>	GTL	fresh random plain urine, first class post.				

Delivery Address:

Metabolic Biochemistry, Pathology Sciences Building,
Southmead Hospital, Westbury-on-Trym, Bristol BS10 5NB

For more information see www.severn-pathology.com or call 0117 414 8418 / 8427 / 8430 / 8346