UKGTN Testing Criteria

Name of disease: Charcot Marie Tooth disease

Name of gene: Neurofilament light polypeptide (**NEFL**)

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 Neurologist	
Consultant Paediatric Neurologist	

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

Criteria	Tick if this patient meets criteria*
CMT1 (nerve conduction velocity < 38 m/sec) of early childhood onset and severe; and Isolated case or pedigree suggestive for AD inheritance.	
And Exclusion of common forms of CMT1 i.e. GJB1/MPZ/PMP22	

or

CMT2 with AD inheritance	
Exclusion of common forms of CMT2 ie. MFN2	

* If the patient 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.

Please return completed form to: **Bristol Genetics Laboratory, Pathology Sciences, Southmead Hospital, Bristol BS10 5NB**