UKGTN Testing Criteria

Name of Disease: Autosomal Dominant Distal Hereditary Motor Neuropathy (dHMN)

Names of genes: **BSCL2, HSPB1, HSPB8**

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 UKGTN Gene Dossier:

Criteria	Tick if this patient meets criteria*
1. Distal muscle weakness /wasting (affecting hand muscles and/or gait difficulty) attributable to Motor neuropathy without sensory element **AND** 2. Electrophysiology (nerve conduction +/-EMG) shows pure motor nerve involvement, and no sensory involvement **AND** 3. Normal nerve conduction velocity (ie. axonal, rather than demyelination)	
And Onset from 1st decade up to 5th decade of life	
And Family History/ Pedigree suggestive for or compatible with autosomal dominant inheritance or new dominant mutation	
OR: Family member at-risk where mutation is known in index case	

* 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**