



Accredited laboratory

Oxford Radcliffe Hospitals



NHS Trust

Genetics Laboratories, The Churchill, Old Road, Headington, Oxford, OX3 7LJ
Head of Laboratory: Dr Anneke Seller ☎ 01865 225594



GENETIC DIAGNOSTIC AND ADVISORY SERVICE FOR MITOCHONDRIAL DISEASES

(NCG RARE MITOCHONDRIAL DISORDERS SERVICE FOR ADULTS AND CHILDREN,
FOR ENGLAND AND SCOTLAND – OXFORD CENTRE)

Name:..... DoB:..... Age at referral:..... M/F:.....

Address:.....

Hosp. no: Referring Consultant:..... Hospital:.....

Clinician's phone no:..... Referral date:.....

Sample provided (please circle): Blood Muscle Liver Fibroblasts Other (specify).....

Date sample taken: **For muscle/liver, is sample biopsy or post mortem?:**

Other samples available (please circle): Blood Muscle Liver Fibroblasts Other (specify).....

CLINICAL DIAGNOSES (tentative):

- | | |
|--|--|
| ☐ CPEO/KSS | ☐ MELAS/MERRF |
| ☐ PEARSON | ☐ INFANTILE LEIGH |
| ☐ LHON | ☐ CARDIOMYOPATHY |
| ☐ MULTISYSTEM DISEASE | ☐ ALPERS |
| ☐ SANDO | ☐ MIRAS |
| ☐ OTHER:..... | |

CLINICAL DETAILS:

Age at onset:..... Family history: Y/N.....

MR/delayed milestones/DEMENTIA: Y/N..... Stroke-like episodes: Y/N.....

Fits/encephalopathy: Y/N..... Deafness: Y/N.....

Dystonia/myoclonus: Y/N..... Retinopathy: Y/N.....

Optic disc pallor: Y/N..... CPEO/ptosis: Y/N.....

Nystagmus/ataxia: Y/N..... Myopathy/hypotonia: Y/N.....

Respiratory failure: Y/N..... Renal: Y/N.....

Hepatic: Y/N..... Haematological: Y/N.....

Diabetes: Y/N..... Other Endocrine?.....

Fed by PEG/mild feeding problems?.....

Cardiac: cardiomyopathy/abnormal ECG/abnormal ECHO?.....

Other:.....

RESULTS of INVESTIGATIONS:

Raised CK: Y/N.....

Lactic Acid: Normal/Raised in Serum:..... Normal/Raised in CSF:.....

Imaging MRI or CT: Normal/Leigh/Other:.....

Muscle biopsy: RRFs/Low COX/Nonspecific abnormal/Normal:.....

Muscle/Liver biochemistry: Abnormal/Normal:.....

Relevant correspondence/other information: include unusual features, e.g. scoliosis/contractures (or perhaps include this with each feature?).....

PLEASE RETURN COMPLETED FORM TO: DR ANNEKE SELLER (at the above address).

Tel 01865 225594 for laboratory queries, 01865 221007 for clinical queries.