the children's hospital at Westmead

think. kids.

Department of Molecular Genetics

Brittle Bone Disorders and Hereditary Rickets panel by Massively parallel sequencing (MPS) request form

Please read the MPS Brittle Bone Disorders and Hereditary Rickets panel information sheet before using this request form

Patient details

MRN: DOB: Sex: Male ○ Female ○

Surname: First name:

Patient address:

Postcode:

Specimen type: Please select

Tissue:
(if not blood)

Copy of MPS genetic testing consent attached: ☐

Testing cannot commence until a copy of the consent is received.

Original to be stored with patient's medical record

Requesting doctor

Name:

Provider number:

Email:

Phone:

Address:

Copy of report to

Name:

Provider number:

Email:

Address:

Billing details - **Please send invoice to** (Please note that MPS has no Medicare item number)

Name:

Address:

For CHW internal request - Powerform submitted and approved: ☐

Authorisation to invoice institution/patient obtained: ☐

Test Requested

Brittle Bone Disorders panel ○

Hereditary Rickets panel ○

Additional testing

☐ Additional Sanger confirmation for VOUS
☐ Re-analysis of sequencing data for additional genes
☐ Additional Sanger sequencing for "gap-filling"

Clinical indications for referral – Please provide a clinical summary of the patient. If insufficient details are provided, testing may not proceed without consultation with the referring clinician.

Suspected diagnosis:	Family history:
Number of Fractures Long bone: Vertebral: Other:	Skeletal deformity: Long bone bowing Yes ☐ No ☐ Scoliosis Yes ☐ No ☐
Blue sclera: Yes ◯ No ◯	Radiological features:
Joint hypermobility: Yes ◯ No ◯	Bone mineral density z-score Total body: Lumbar spine:
Joint contractures: Yes ◯ No ◯	Other features (including height and biochemistry):

Previous testing

COL1A1 ☐	*COL1A2* ☐	*FKBP10* ☐	*Other genes:*

Comments