

## Scottish Genetics Consortium Users Group

Criteria to assess the clinical utility of a non-routine genetic test. If you are uncertain about completing this form, please consider referring the patient to the Clinical Genetics Service. No genetic testing will be performed until this form is returned.

Name	
dob	
CHI/NHS number	
Address	
Address	
Post Code	

Lab use only DNA number:
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Test requested	
Laboratory	
Cost	
Requesting doctor	
Specialty	

<b><i>Genetic testing is needed to establish the diagnosis because:</i></b>		yes	no
1.1	There is no alternative clinical investigation		
1.2	The alternative clinical investigation is invasive		
1.3	The alternative clinical investigation is more expensive than genetic testing		
1.4	Confirmation of diagnosis by genetic testing will avoid unnecessary invasive or more expensive investigation of alternative possibilities		
2	Genetic testing will alter management		
3	Genetic testing will provide information about prognosis		
4	Genetic testing will provide information for lifestyle choices in an affected person		
5	Genetic testing will provide information for risk assessment in relatives		
6	Genetic testing is needed to prepare for future prenatal diagnosis		
7	Please give further details if required:		

Decision:	Send		Reject	
Funding source:	Genetics		Other	
If other, please specify				