



North West Thames Regional Genetics Service
Northwick Park & St Mark's Hospitals, Level 8V
Watford Road
Harrow Middlesex HA1 3UJ
Tel: 020 8869 2795
www.lnwh.nhs.uk

Tay Sachs Referral Form for Professionals

- Please note this is a referral form for Clinical Genetics, not a blood test request form. Patients must have a Genetics appointment prior to genetic testing
- Referral to Clinical Genetics for Tay Sachs testing must be made via e-RS.
- Please submit this referral via e-RS

Patient details

Name:.....

DOB:..... NHS no.....

Address:.....
.....

Contact telephone number:.....

IF PREGNANT, OR PARTNER PREGNANT tick here LMP.....

IS THE PATIENT OF ASHKENAZI JEWISH (AJ) DESCENT? Y / N (please circle)

IF YES, HOW MANY GRANDPARENTS ARE AJ? 1 2 3 4 (please circle)

Ancestral / ethnic origin for grandparents NOT of AJ descent (if known): -
.....

Does the patient have any family history of Tay Sachs Y / N

Is the patient's partner a carrier for Tay Sachs? Y / N

Does the patient have any Moroccan Jewish ancestry? Y / N

Comments:.....
.....
.....

Referrer details

Name of Referrer..... Date of Referral.....

Referrer Contact Telephone:

Referrer Address:.....