Appendix 4:

Request form for early testing of babies at risk of MCADD due to family history

Name……	**Paediatrician**……
Address……	**Hospital** ……
……	……
……	……
Unit No……	……
CHI ……	……
DOB……	……

Please find three diagnostic samples enclosed.

Blood spot on newborn screening card for diagnostic acylcarnitine profile

Confirmatory EDTA blood sample for molecular analysis. Do NOT separate this blood sample.

Random urine for organic acids and hexanoylglycine.

Send each sample, a photocopy of this sheet and any local request form by First Class Post to:-

Bloodspot card for acylcarnitine profile to:

Department of Biochemistry, Queen Elizabeth University Hospital Glasgow

EDTA whole blood sample (same tube as for full blood count) for full MCADD mutation analysis to:

Dr David Baty or Deputy, Molecular Genetics Laboratory, Level 6, Ninewells Hospital, Dundee DD19SY

Random Urine Sample (3-5ml in a plain container, kept refrigerated or frozen if transit is delayed)

for full organic acids profile & qualitative assessment of acylglycines to:

Department of Biochemistry, Queen Elizabeth University Hospital Glasgow