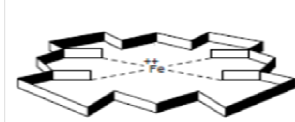




GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Cardiff SAS  
porphyria  
service



## **Clinical details form**

(To be used in conjunction with referring hospital request form)

Date:

### **Patient details**

\*Name:  
\*DOB:  
\*Hospital and/or NHS number:  
Sex (M/F):  
Address:

### **Referrer details**

\*Name:  
\*Hospital:  
\*Department:  
\*Telephone:

**\*Clinical symptoms:** (Tick  $\checkmark$  all that apply)

\*Currently symptomatic? ( )

#### **Acute symptoms:**

- ( ) Abdominal pain (severe, poorly localized)
- ( ) Nausea/vomiting
- ( ) Neurological
- ( ) Convulsions
- ( ) Hyponatraemia
- ( ) Psychiatric

#### **Cutaneous symptoms:**

- ( ) Skin fragility
- ( ) Blisters
- ( ) Milia
- ( ) Painful photosensitivity
- ( ) Hypertrichosis (cheeks/temples)
- ( ) Hyperpigmentation
- ( ) Scarring

Other symptoms/concurrent illnesses:

### **Medications/antibiotics:**

### **Details of family history of porphyria:**

(Include names and DOBs and type of porphyria)

### **Samples required:**

Refer to [www.cardiff-porphyria.org](http://www.cardiff-porphyria.org) for sample choice strategies.

### **Sample considerations:**

- Protect samples from light
- Early morning urine collections are preferred (creatinine  $>2\text{mmol/l}$ )
- Do not freeze the blood sample – unhaemolysed plasma is required

Samples and request form should be sent by 1<sup>st</sup> class post to: Cardiff Porphyria Service, Department of Medical Biochemistry, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW. Tel: 029 20743565.

\*Denotes essential information