Instructions for patient referrals –

Genetics of Puberty Study

IRAS 95781, NIHR CPMS ID 30730

1. Consent form signed and send back to me via email – [sasha.howard@nhs.net](mailto:sasha.howard@nhs.net) or post

Dr. Sasha Howard

Centre for Endocrinology

William Harvey Research Institute

Barts and the London School of Medicine and Dentistry

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* patient consent form if >16 years
* parents consent form if ≤ 16 years
* patient assent form if cannot give consent (not mandatory)
* family member consent form if parents/ siblings etc also recruited

1. Information sheets given to family

* specific to patient age etc

1. Excel spreadsheet for phenotypic data – fill in and return to me via email

AND/OR

Recent clinic letter outlining phenotypic details

4. Blood for DNA Storage (1 x 4ml EDTA) from patient +/- parents and siblings if possible

Please send EDTA bottles to your lab for DNA storage, with instructions to send the extracted DNA to

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And please include my email on the blood test form – [sasha.howard@nhs.net](mailto:sasha.howard@nhs.net)