

Liddle syndrome (Pseudoaldosteronism) **OMIM: 177200**
Genes: SCNN1B; SCNN1G **Locus: 16p13-p12** **OMIM: 600760; 600761**

SERVICE: **mutation analysis of exon 12 in both the SCNN1B and SCNN1G genes**

TESTING: **Diagnostic*:** **clinically affected patients**
Presymptomatic: **patients at risk of developing Liddle syndrome (known mutation)**
*samples will only be accepted with a completed 'testing criteria' form (see attached)

REFERRALS: **Clinical Geneticists, Renal Physicians and Endocrinologists**
The laboratory does NOT accept referrals directly from patients

TARGET REPORTING TIME AND COSTS

(Non UK National Health Service patients are subject to a surcharge. Payment must be agreed prior to testing – please include invoice form A)

| | | |
|------------------------|----------------|---------------------------------|
| Diagnostic: | 8 weeks | £145 |
| Presymptomatic: | 2 weeks | £145 (sequence one exon) |

TECHNICAL INFORMATION

- PCR and fluorescent sequence analysis of exon 12 and splice site boundaries in both SCNN1B and SCNN1G genes
Point mutations in this exon in either of these genes are responsible for all reported cases.

SAMPLE REQUIREMENTS

- 1-5ml blood in EDTA or 50ul DNA (concentration ~500ng/ul)
- All patient samples must be labelled with **name, date of birth and Hospital/NHS number**
- Samples should be accompanied by a FULLY completed request card (available from the laboratory).
- Please include details of test, family history, patient address & postcode, GP, referring clinician and unit/hospital.
- **Samples and paperwork must include three unique and matching patient identifiers.**

SHIPPING DETAILS

- DNA can be sent by first class post
- Blood must be appropriately packaged and preferably sent by courier to arrive as soon as possible.
- Do not freeze prior or during postage.

CONSENT

It is the responsibility of the referring clinician to ensure consent has been obtained for:

- testing and storage
- the use of the sample and the information generated from it to be shared with members of the patients family and their health professionals

After testing, part of this sample might be used anonymously for the development of new tests and to monitor the quality of laboratory results.

CONTACT DETAILS

Genetics Laboratories, Box 143
Level 6, Addenbrooke's Treatment Centre
Addenbrooke's Hospital
Cambridge CB2 0QQ
Tel: +44 (0) 1223 348866
Fax: +44 (0) 1223 348870
Email: becky.treacy@addenbrookes.nhs.uk

Website: www.cuh.org.uk/genetics-labs



Accredited Medical Laboratory
Reference No: 1275

UKGTN testing criteria

UK Genetic Testing Network

| | |
|------------------|--|
| Name of Disease: | Liddle syndrome (Pseudoaldosteronism) |
| Name of Gene: | SCNN1B; SCNN1G |

| | |
|---------------------------------|----------------|
| Patient name: | Date of birth: |
| Patient postcode: | NHS number: |
| Name of referrer: | |
| Title/Position: | |
| Department/Hospital: | |
| Contact email/telephone number: | |

Referrals will only be accepted from one of the following:
(Please indicate with a tick which category refers to the referrer).

| Referrer | Tick if this refers to you. |
|---------------------------------------|-----------------------------|
| Consultant Renal Physician | <input type="checkbox"/> |
| Consultant Endocrinologist | <input type="checkbox"/> |
| Consultant Clinical Geneticist | <input type="checkbox"/> |

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:

| Criteria | Tick if this patient meets criteria |
|---|-------------------------------------|
| 1. Biochemical evidence of hypokalaemic alkalosis with low renin and aldosterone | <input type="checkbox"/> |

If the sample does not fulfil these criteria and you still feel that testing should be performed please contact the molecular genetics laboratory