

# Monogenetic Diabetes Testing (MODY)

**BEFORE** providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

<b>Patient First name</b>		<b>Patient Surname</b>		<b>Hospital</b>	
<b>NHS No.</b>		<b>Date of Birth</b>		<b>Consultant</b>	
<b>GP F-code</b>		<b>CCG</b>		<b>UBRN</b>	
<b>Hospital No.</b>		<b>Referrer</b>			

## Additional information

Please submit completed form to the following email address:

[bbccg.mseccg-funding@nhs.net](mailto:bbccg.mseccg-funding@nhs.net)

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

**M&SECCGs commission monogenetic diabetes testing for those patients where the outcome of the test is going to change clinical management.**

Please indicate that the patient meets <b>ALL</b> of the criteria below. Funding will be made available for patients where the GP has:		Please tick ✓
	<ul style="list-style-type: none"> <li>Identified the test being requested.</li> </ul>	
<b>AND</b>	<ul style="list-style-type: none"> <li>Provided a report documenting the outcome of the genetic nurse assessment/discussion with Monogenetic diabetes team in Exeter as to whether patient would benefit from testing and test recommended.</li> </ul>	
<b>AND</b>	<ul style="list-style-type: none"> <li>Named the monogenetic nurse with whom the discussion took place with (in case of further contact required).</li> </ul>	
<b>AND</b>	<ul style="list-style-type: none"> <li>An assessment for the patient using the link/calculator and documentation of the outcome: <a href="http://diabetesgenes.org/content/mody-probability-calculator">http://diabetesgenes.org/content/mody-probability-calculator</a></li> </ul>	



**Please supply information clearly evidencing the selected criteria above**

<b>CCG USE:</b>	<b>Invoice ref:</b>	<b>Prior Authorisation requested by:</b>	
<b>Is the procedure approved or declined?</b> <small>Please indicate:</small>		<b>Name of Clinician</b>	
<b>Name</b>		<b>Contact number</b>	
<b>Signature</b>		<b>Date</b>	
<b>Date</b>			