**NW GLH Genomic Tumour Advisory Board Referral Form**

*Please submit the completed form together with any relevant molecular report and pathology report (if applicable), and send to* [*mdt-coordinators.nwglh@mft.nhs.uk*](mailto:mdt-coordinators.nwglh@mft.nhs.uk) *​*

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| ***Section 1: To be completed by the site*** | | | |
| Patient Details | | Referring Clinician Details | |
| Name: Click or tap here to enter text. | | Consultant (in full): Click or tap here to enter text. | |
| Date of Birth: Click or tap here to enter text. | | Hospital (in full): Click or tap here to enter text. | |
| Sex: Click or tap here to enter text. | |
|  | | Email: Click or tap here to enter text. | |
| Tumour type: | | Tel: Click or tap here to enter text. | |
| Sample Collection Date:  Click or tap to enter a date. | | Copy report to (if applicable): Click or tap here to enter text. | |
| Sample Type: Choose an item. | | Sample ID: Click or tap here to enter text. | |
| Laboratory where variant originally identified: Choose an item. | | | |
| *Optional –* Variant: Click or tap here to enter text. | | | |
| *Optional -* Variant allele Frequency: Click or tap here to enter text. | | | |
| **Relevant clinical history** | | | |
| Pathology Report Available: Choose an item. | Sites of Disease: Click or tap here to enter text. | | Treatment History: Click or tap here to enter text. |
| Family history information: Click or tap here to enter text. | | | |
| Clinical Questions for GTAB: Click or tap here to enter text. | | | |

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| **Section 2: To be completed by NW Genomic Laboratory Hub** |
| GTAB Outcome: Click or tap here to enter text. |
| GTAB Date: Click or tap to enter a date. |
| Indication to test germline: Choose an item. |
| If indication to test Germline is Yes |
| Please complete Genetic Testing Request Form – V8 form on [https://mft.nhs.uk/nwglh/](https://mft.nhs.uk/nwglh/%20) and send with 5ml blood in EDTA |