

|                                                                                                                                        |                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--|
| <b>Genomic Medicine Service</b><br><br><b>Whole Genome Sequencing (WGS) Test Request</b><br><b>PLEASE DO NOT USE FOR NON-WGS TESTS</b> | <b>RARE AND INHERITED DISEASES</b> |  |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--|

|                                 |
|---------------------------------|
| <b>Requesting organisation:</b> |
| <b>GLH laboratory:</b>          |

|                                                                                                                                                            |                                                                 |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------|
| Proband's first name                                                                                                                                       | Life status<br>Alive      Deceased                              | Ethnicity |
| Proband's last name                                                                                                                                        | Family test<br>Singleton      Trio      Other (provide number): |           |
| Date of birth (dd/mm/yyyy)                                                                                                                                 | Hospital number                                                 |           |
| Gender<br>Male      Female      Other <small>Please state in clinical information box if karyotypic and/or phenotypic sex differ from given gender</small> |                                                                 |           |
| Postcode                                                                                                                                                   |                                                                 |           |
| NHS number                                                                                                                                                 |                                                                 |           |
| Reason NHS Number not available:<br>Patient not eligible for NHS number (e.g. foreign national)<br>Other (please provide reason):                          |                                                                 |           |
| Relevant clinical information<br><i>Please include any previous molecular testing with date(s) and any other pertinent clinical information</i>            |                                                                 |           |

| Test request                                                                                                                                                                                                                       |                                                                |                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------|
| Clinically urgent                                                                                                                                                                                                                  | Test Directory Clinical Indication & code (reason for testing) | Proband's age of onset<br>years      months                                   |
| Additional panel(s) (if relevant; <b>mandatory for R89</b> )<br><small>(use panels with panel type 'GMS Rare Disease Virtual' - <a href="http://panelapp.genomicsengland.co.uk">http://panelapp.genomicsengland.co.uk</a>)</small> | Disease penetrance<br>Complete<br>Incomplete                   | Specific rare or inherited diseases that are suspected or have been confirmed |

| Family members to be tested (not required for proband only referrals) |           |               |                                       |        |          |        |           |                         |
|-----------------------------------------------------------------------|-----------|---------------|---------------------------------------|--------|----------|--------|-----------|-------------------------|
| First name                                                            | Last name | Date of birth | NHS Number (or postcode if not known) | Gender | Deceased | Status | Ethnicity | Relationship to proband |
|                                                                       |           |               |                                       |        |          |        |           |                         |
|                                                                       |           |               |                                       |        |          |        |           |                         |

| Samples being sent to GLH DNA extraction lab (only required if also using this form for sample collection) |           |               |           |                        |             |               |          |
|------------------------------------------------------------------------------------------------------------|-----------|---------------|-----------|------------------------|-------------|---------------|----------|
| First name                                                                                                 | Last name | Date of birth | Sample ID | Collection date / time | Sample type | Sample volume | Comments |
|                                                                                                            |           |               |           |                        |             |               |          |
|                                                                                                            |           |               |           |                        |             |               |          |
|                                                                                                            |           |               |           |                        |             |               |          |

| Responsible clinician / consultant                       | Main contact (if different from responsible clinician/consultant) |
|----------------------------------------------------------|-------------------------------------------------------------------|
| Name:<br>Department address:<br><br><br>Phone:<br>Email: | Name:<br>Department address:<br><br><br>Phone:<br>Email:          |

**I have attached a copy of the Record of Discussion form for all individuals**  
 Patient conversation taken place; Record of Discussion form to follow

|                    |                   |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------|-------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Proband first name | Proband last name | Date of birth (dd/mm/yyyy) | NHS number (or postcode if not known)<br><div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: space-around;"> <div style="width: 15px; height: 15px; background-color: black;"></div> <div style="width: 15px; height: 15px; background-color: black;"></div> <div style="width: 15px; height: 15px; background-color: black;"></div> <div style="width: 15px; height: 15px; background-color: black;"></div> <div style="width: 15px; height: 15px; background-color: black;"></div> <div style="width: 15px; height: 15px; background-color: black;"></div> <div style="width: 15px; height: 15px; background-color: black;"></div> <div style="width: 15px; height: 15px; background-color: black;"></div> <div style="width: 15px; height: 15px; background-color: black;"></div> <div style="width: 15px; height: 15px; background-color: black;"></div> </div> |
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**HPO terms are important for the analysis and interpretation of WGS data.**  
**Please enter valid HPO terms present in the proband/family members being tested**  
**HPO terms can be copied from the lists below**

| HPO Terms - Please ensure those given match those available at <a href="https://hpo.jax.org/app/">(https://hpo.jax.org/app/)</a> |         |        |         |        |         |        |
|----------------------------------------------------------------------------------------------------------------------------------|---------|--------|---------|--------|---------|--------|
|                                                                                                                                  | Present | Absent | Present | Absent | Present | Absent |
|                                                                                                                                  |         |        |         |        |         |        |
|                                                                                                                                  |         |        |         |        |         |        |
|                                                                                                                                  |         |        |         |        |         |        |
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|                                                                                                                                  |         |        |         |        |         |        |
|                                                                                                                                  |         |        |         |        |         |        |

| Intellectual disability, developmental and metabolic |
|------------------------------------------------------|
| Intellectual disability - mild                       |
| Intellectual disability - moderate                   |
| Intellectual disability - profound                   |
| Intellectual disability - severe                     |
| Autistic behaviour                                   |
| Global developmental delay                           |
| Delayed fine motor development                       |
| Delayed gross motor development                      |
| Delayed speech and language development              |
| Generalized hypotonia                                |
| Feeding difficulties                                 |
| Failure to thrive                                    |
| Abnormal facial shape                                |
| Abnormality of metabolism/homeostasis                |
| Microcephaly                                         |
| Macrocephaly                                         |
| Tall stature                                         |

| Craniosynostosis                 |
|----------------------------------|
| Bicoronal synostosis             |
| Unicoronal synostosis            |
| Metopic synostosis               |
| Sagittal craniosynostosis        |
| Lambdoidal craniosynostosis      |
| Multiple suture craniosynostosis |

| Skeletal dysplasia             |
|--------------------------------|
| Disproportionate short stature |
| Proportionate short stature    |
| Short stature                  |
| Skeletal dysplasia             |

| Diabetes                                     |
|----------------------------------------------|
| Neonatal insulin-dependent diabetes mellitus |
| Transient neonatal diabetes mellitus         |

| Renal                |
|----------------------|
| Multiple renal cysts |
| Nephronopththisis    |
| Hepatic cysts        |
| Enlarged kidney      |

| Neurology                          |
|------------------------------------|
| Muscular dystrophy                 |
| Myopathy                           |
| Myotonia                           |
| Fatigable weakness                 |
| Peripheral neuropathy              |
| Distal arthrogryposis              |
| Arthrogryposis multiplex congenita |
| Cognitive impairment               |
| Parkinsonism                       |
| Spasticity                         |
| Chorea                             |
| Dystonia                           |
| Ataxia                             |
| Cerebellar atrophy                 |
| Cerebellar hypoplasia              |
| Dandy-Walker malformation          |
| Olivopontocerebellar hypoplasia    |
| Diffuse white matter abnormalities |
| Focal White matter lesions         |
| Leukoencephalopathy                |
| Cortical dysplasia                 |
| Heterotopia                        |
| Lissencephaly                      |
| Pachygyria                         |
| Polymicrogyria                     |
| Schizencephaly                     |
| Holoprosencephaly                  |
| Hydrocephalus                      |

| Epilepsy                                     |
|----------------------------------------------|
| Seizures                                     |
| Generalized seizures                         |
| Focal seizures                               |
| Epileptic spasms                             |
| Infantile encephalopathy                     |
| Atonic seizures                              |
| Generalized myoclonic seizures               |
| Generalized tonic seizures                   |
| Generalized tonic-clonic seizures            |
| EEG with focal epileptiform discharges       |
| EEG with generalized epileptiform discharges |
| Multifocal epileptiform discharges           |