


Genomic Medicine Service Whole Genome Sequencing (WGS) Test Request PLEASE DO NOT USE FOR NON-WGS TESTS	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">CANCER</div>	
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Requesting organisation:	
GLH laboratory to receive sample:	Test Required Whole Genome Sequencing

Patient first name	Ethnicity
Patient last name	Test Directory Clinical Indication & code (cancer type & sub-type)
Date of birth <small>(dd/mm/yyyy)</small> Hospital number	
Gender Male Female Other	Presentation status First diagnosis Recurrence / Relapse Unknown
Postcode <input style="width: 100px;" type="text"/>	Additional clinical information (if required) <i>E.g. previous tumours, molecular testing, and relevant treatment history with date(s)</i>
NHS number <input style="width: 100px;" type="text"/>	
Reason NHS Number not available: Patient not eligible for NHS number (e.g. foreign national) Other (provide reason):	

Solid tumour requests only			
Primary Metastatic Unknown Lymphoma	Histopathology Lab ID	Additional tumour information (if relevant) <i>E.g. site of metastasis (if metastatic), or unknown primary</i>	
	Date of this diagnosis <small>(dd/mm/yyyy)</small>	Tumour topography	Tumour morphology

Haemato-oncology liquid tumour requests only			
AML ALL Other (please specify):	SIHMDS Lab ID	Date of this diagnosis <small>(dd/mm/yyyy)</small>	

Complete for tumour samples (being sent to GLH DNA extraction lab)			
Fresh frozen tumour Bone marrow Blood (EDTA) Other (please specify):			
% malignant nuclei / blasts or equivalent in this sample (refer to sample handling guidance) must be provided below			
Sample ID	Collection date / time	% Malignant nuclei / blasts	If BM/PB provide volume and nucleated cell count

Complete for germline samples (being sent to GLH DNA extraction lab)			
Blood (EDTA) Saliva Fibroblasts Skin biopsy Other (please specify):			
Sample ID	Collection date / time	Sample volume if applicable	Comments

Responsible consultant	Main contact (if different from responsible consultant)
Name:	Name:
Department address:	Department address:
Phone:	Phone:
Email:	Email:

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