

<b>Genomic Medicine Service</b>  <b>Whole Genome Sequencing (WGS) Test Request</b> <b>PLEASE DO NOT USE FOR NON-WGS TESTS</b>	<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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<b>Requesting organisation:</b>	
<b>GLH laboratory to receive sample:</b>	Test Required <b>Whole Genome Sequencing</b>

Patient first name	Ethnicity
Patient last name	<a href="#">Test Directory</a> Clinical Indication & code (cancer type & sub-type) <i>The clinical indications listed at the bottom of the pick list under 'NEW INDICATIONS' are not live for all NHS GLHs. Please check with GLHs prior to ordering.</i>
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):	

<b>Solid tumour requests only</b>			
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

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

<b>Complete for tumour samples (being sent to GLH DNA extraction lab)</b>			
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

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

<b>Responsible consultant</b>	<b>Main contact (if different from responsible consultant)</b>
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