

Genomic Medicine Service	RARE AND INHERITED DISEASES	
Whole Genome Sequencing (WGS) Test Request		
PLEASE DO NOT USE FOR NON-WGS TESTS		

Requesting organisation:
GLH laboratory:

Proband's first name	Life status Alive Deceased	Ethnicity
Proband's last name	Family test Singleton Trio Other (provide number):	
Date of birth (dd/mm/yyyy)	Hospital number	Relevant clinical information <i>Please include any previous molecular testing with date(s) and any other pertinent clinical information</i>
Gender 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: Patient not eligible for NHS number (e.g. foreign national) Other (please provide reason):		

Test request		
Clinical Priority There is currently no urgent WGS pathway, however it may be possible to prioritise cases in exceptional circumstances. Please provide details of why this referral is considered a priority.	Test Directory Clinical Indication & code (reason for testing)	
	Proband's age of onset years months	
Additional panel(s) (if relevant; mandatory for R89) <small>(use panels with panel type 'GMS Rare Disease Virtual' - https://nhsgms-panelapp.genomicsengland.co.uk/)</small>	Disease penetrance Complete 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:	Name:
Department address:	Department address:
Phone:	Phone:
Email:	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

