**Germline Testing Request Following Solid Tumour screening**

*Please send completed form and the original screening report to* mdt-coordinators.nwglh@mft.nhs.uk

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| Patient Details | Payment status: NHS  Private | Referring Clinician |
| Surname: | | Consultant (in full): |
| Forename: | | Hospital (in full): |
| DOB: | | Department: |
| Sex: | |
| Hospital no: | | Email: |
| NHS no: | |
| Post code: | | Tel: |
| Address: | | Copy report to (if applicable): |
| Tumour type: | | Neoplastic cell content: |
| Pathology block/sample no: | | Pathology lab: |
| Laboratory where variant originally identified: | | |
| Variant:  Variant allele Frequency:  Gene reference sequence:  Relevant clinical and family history information: | | |
| GTAB Outcome:  Date: | | |
| Indication to test germline: Yes  No | | |
| Please complete Genetic Testing Request Form – V8 form on <https://mft.nhs.uk/nwglh/> and send with 5ml blood in EDTA | | |