**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 |