


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 <i>(Please tick on Page 2)</i>
Patient last name	Test Directory Clinical Indication & code (cancer type & sub-type)
Date of birth <i>(dd/mm/yyyy)</i> Hospital number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Presentation status <input type="checkbox"/> First diagnosis <input type="checkbox"/> Recurrence / Relapse <input type="checkbox"/> 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: <input type="checkbox"/> Patient not eligible for NHS number (e.g. foreign national) <input type="checkbox"/> Other (provide reason):	

Solid tumour requests only			
<input type="checkbox"/> Primary <input type="checkbox"/> Metastatic <input type="checkbox"/> Unknown <input type="checkbox"/> 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 <i>(dd/mm/yyyy)</i>	Tumour topography	Tumour morphology

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

Complete for tumour samples (being sent to GLH DNA extraction lab)			
<input type="checkbox"/> Fresh frozen tumour <input type="checkbox"/> Bone marrow <input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Other (please specify):			
<i>% malignant nuclei / blasts or equivalent in this sample (refer to sample handling guidance) must be provided below</i>			
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)			
<input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Saliva <input type="checkbox"/> Fibroblasts <input type="checkbox"/> Skin biopsy <input type="checkbox"/> Other (please specify):			
Sample ID	Collection date / time	Sample volume if applicable	Comments

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

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

First name	Last name	Date of birth <small>(dd/mm/yyyy)</small>	NHS number (or postcode if not known)
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Ethnicity – Please tick the relevant Self Defined Ethnicity code below

White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups
A British <input type="checkbox"/>	D White and Black Caribbean <input type="checkbox"/>	H Indian <input type="checkbox"/>	M Caribbean <input type="checkbox"/>	R Chinese <input type="checkbox"/>
B Irish <input type="checkbox"/>	E White and Black African <input type="checkbox"/>	J Pakistani <input type="checkbox"/>	N African <input type="checkbox"/>	S Any other ethnic group <input type="checkbox"/>
C Any other White background <input type="checkbox"/>	F White and Asian <input type="checkbox"/>	K Bangladeshi <input type="checkbox"/>	P Any other Black background <input type="checkbox"/>	Z Not stated <input type="checkbox"/>
	G Any other mixed background <input type="checkbox"/>	L Any other Asian background <input type="checkbox"/>		99 Not known <input type="checkbox"/>

Additional local identifiers – please use the table below, these will also be displayed in the interpretation portal

Type – O (Test order/Case ID), P (local patient ID), S (local sample identifier)		
Organisation	Type	Identifier