

## **Genomic Medicine Service** National Genomic Test Directory Clinical Indication R14 Rapid Exome Sequencing Test Request Please complete this form and email to the Testing laboratory BEFORE sending any samples. Ensure that email addresses are provided for the responsible clinician and clinical geneticist. **CONSENT:** Receipt of samples for testing assumes that **informed consent** has been obtained for all family members being tested and the possibility of incidental findings has been discussed. Please indicate the type of referral: NICU ☐ PICU ☐ Other: ☐ Meets COVID-19 referral criteria Required samples: Please contact the Testing laboratory by e-mail to rde-tr.MolecularGeneticsAdmin@nhs.net **BEFORE** sending any samples Please send at least 1µg of DNA per individual to: Exeter Genomics Laboratory, RILD Level 3, Royal Devon & Exeter NHS Foundation Trust, Barrack Road, Exeter, EX2 5DW. Patient first name: Life status: Ethnicity: ☐ Alive ☐ Deceased Patient last name: Family test: Consanguinity: ☐ Yes ☐ No ☐ Unknown ☐ Trio ☐ Duo ☐ Singleton Date of birth: dd/mm/yyyy Hospital number: Additional information: Gender (if phenotypic sex is different please state): ☐ Male ☐ Female ☐ Other: NHS number (or postcode if not known) Family history / pedigree Family members to be tested: Please include relevant information on relatives and relationship to other tested individuals, including disease status HPO terms (https://hpo.jax.org/app/) phenotypes and presence in this individual: Please list below Family DNA samples provided (please ensure names are on the pedigree) NHS number Surname Forename Date of birth Gender Deceased Status Affected ☐ Male ☐ No ☐ Female ☐ Yes ☐ Unaffected Other: ☐ Male ☐ No ☐ Affected ☐ Female ☐ Yes ☐ Unaffected Other: **Clinician details** Responsible clinician / consultant paediatrician: Email address for report: (nhs.net)

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Clinical geneticist:

Telephone number:

Telephone number:

Email address for report: (nhs.net)