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

CANCER

NHS

Requesting organisation:		
GLH Laboratory to receive sample: **Address:**		**Test required** **Whole Genome Sequencing**

Patient first name	Ethnicity
Patient last name	Test Directory Clinical Indication & code (cancer type & sub-type)
Date of birth *dd/mm/yyyy* Hospital number	
Gender ☐ Male ☐ Female ☐ Other	
Postcode	
NHS Number	Presentation status: ☐ First diagnosis ☐ Recurrence / Relapse ☐ Unknown
	Additional clinical information (if required) *e.g. previous tumours, molecular testing and relevant treatment history with date(s)*
Reason NHS Number not available ☐ Patient not eligible for NHS Number (e.g. foreign national) ☐ Other (provide reason):	

Solid tumour requests only

☐ Primary ☐ Metastatic	Histopathology Lab ID	Additional tumour information (if relevant) *e.g. site of metastasis (if metastatic), or unknown primary*	
☐ Unknown ☐ Lymphoma	Date of this diagnosis *dd/mm/yyyy* / /	Tumour topography	Tumour morphology

Haemato-oncology liquid tumour requests only

☐ AML ☐ ALL ☐ Other (please specify):	SIHMDS Lab ID	Date of this diagnosis *dd/mm/yyyy* / /

Complete for tumour samples (being sent to GLH DNA extraction lab)

☐ Fresh frozen tumour ☐ Bone marrow ☐ Blood (EDTA) ☐ Other (please specify):

% malignant nuclei / blasts or equivalent in this sample (refer to sample handling guidance) must be provided below

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)

☐ Blood (EDTA) ☐ Saliva ☐ Fibroblasts ☐ Skin biopsy ☐ 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		NHS number (or postcode if not known)									

Last name		Date of birth dd/mm/yyyy

Ethnicity – Please tick the Self Defined Ethnicity code below

White		Mixed		Asian or Asian British		Black or Black British		Other Ethnic groups	
A British		**D** White and Black Caribbean		**H** Indian		**M** Caribbean		**R** Chinese	
B Irish		**E** White and Black African		**J** Pakistani		**N** African		**S** Any other ethnic group	
C Any other White background		**F** White and Asian		**K** Bangladeshi		**P** Any other Black background		**Z** Not stated	
		G Any other mixed background		**L** Any other Asian background				Not known	

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

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