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:** | Test Required **Whole Genome Sequencing** |

Patient first name	Ethnicity *(Please tick on Page 2)*
Patient last name	Test Directory Clinical Indication & code (cancer type & sub-type)

| Date of birth *(dd/mm/yyyy)* | Hospital number | |

Gender
☐ Male ☐ Female ☐ Other

Presentation status
☐ First diagnosis ☐ Recurrence / Relapse ☐ Unknown

Postcode ☐☐☐☐■☐☐☐

Additional clinical information (if required)
E.g. previous tumours, molecular testing, and relevant treatment history with date(s)

NHS number ☐☐☐■☐☐☐■☐☐☐☐

Reason NHS Number not available:
☐ Patient not eligible for NHS number (e.g. foreign national)
☐ Other (provide reason):

Solid tumour requests only

| ☐ Primary ☐ Metastatic ☐ Unknown ☐ Lymphoma | Histopathology Lab ID | **Additional tumour information (if relevant)** *E.g. site of metastasis (if metastatic), or unknown primary* | |
| | 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

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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

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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 *(dd/mm/yyyy)*	NHS number (or postcode if not known)

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	☐	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	☐			99 Not known	☐

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