

All fields that have been completed in black in this example, must be completed in order for us to process the test.

A patient sticker can be used in place of these fields. The patient sticker must provide all the mandatory information required.

Genomic Medicine Service Whole Genome Sequencing (WGS) Test Request PLEASE DO NOT USE FOR NON-WGS TESTS		CANCER	Q104_G-11.19
Requesting organisation: <b>Royal National Orthopaedic Hospital NHS Trust</b>			
GLH Laboratory to receive sample: <b>London North Genomic Laboratory Hub</b>		Test required <b>Whole Genome Sequencing</b>	
Address: Level 4-6, Barclay House, 37 Queens Square, London, WC1N 3BH			
Patient first name <b>Donald</b>		Ethnicity Select or (if printed) tick on page 2	
Patient last name <b>Duck</b>		Test Directory Clinical Indication & code (cancer type & sub-type) <b>M56 Ewing Sarcoma of Bone</b>	
Date of birth dd/mm/yyyy <b>25/09/1963</b>	Hospital number <b>654987</b>	Presentation status: <input type="checkbox"/> First diagnosis <input checked="" type="checkbox"/> Recurrence / Relapse <input type="checkbox"/> Unknown	
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Postcode <b>I G 9 4 R W</b>		
NHS Number <b>9 7 6 4 3 1 6 4 9 7</b>			
Reason NHS Number not available <input type="checkbox"/> Patient not eligible for NHS Number (e.g. foreign national) <input type="checkbox"/> Other (provide reason):		Additional clinical information (if required) e.g. previous tumours, molecular testing and relevant treatment history with date(s) <b>Any additional information which may be useful for analysis and reporting.</b>	
<b>Solid tumour requests only</b>			
<input checked="" type="checkbox"/> Primary	Histopathology Lab ID <b>20S1245</b>	Additional tumour information (if relevant) e.g. site of metastasis (if metastatic), or unknown primary	
<input type="checkbox"/> Metastatic	Date of this diagnosis dd/mm/yyyy	Tumour topography <b>Description, not code</b>	Tumour morphology <b>Description, not code</b>
<input type="checkbox"/> Unknown	<b>2 / 12 / 2020</b>		
<input type="checkbox"/> Lymphoma			
<b>Haemato-oncology / Liquid tumour requests only</b>			
<input type="checkbox"/> AML <input type="checkbox"/> ALL <input type="checkbox"/> Other (please specify):		BMPFB Lab ID	Date of this diagnosis dd/mm/yyyy
Complete for tumour samples (being sent to GLH DNA extraction lab)			
<input checked="" type="checkbox"/> Fresh frozen tumour <input type="checkbox"/> Bone marrow <input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Other (please specify):			
% malignant nuclei / blasts or equivalent in this sample (refer to sample handling guidance) must be provided below			
Sample ID <b>20LM-350G0002</b>	Collection date / time <b>10/12/2020</b>	% malignant nuclei / blasts <b>30%</b>	If BMPFB provide volume and nucleated cell count
Complete for germline samples (being sent to GLH DNA extraction lab)			
<input checked="" 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 <b>20LM-350G0002</b>	Collection date / time <b>10/12/2020 - 1600</b>	Sample volume if applicable	Comments
<b>Consultant details</b>			
Responsible consultant Name: <b>Dr Gregory House</b> Department: <b>Oncology, RNOH</b> address: Phone: <b>0207 548 8793</b> Email: <b>Gregory.House@nhs.net</b>		Main contact (if different from responsible consultant) Name: <b>Pathology</b> Department: <b>Pathology Department, RNOH</b> address: Phone: <b>0207 548 8793</b> Email: <b>Pathology.RNOH@nhs.net</b>	
<input checked="" type="checkbox"/> I have attached a copy of the Record of Discussion form			
<input type="checkbox"/> Patient conversation taken place; Record of Discussion form to follow			

Complete according to your referring Trust

Complete here or on reverse

Clinical indication and code must be entered as seen on test directory

Postcode must be provided in order to verify NHS no.

Sample ID assigned in histo  
Date of diagnosis for this cancer in

This field is optional but may be useful for analysis and reporting.

Information provided here will be displayed in the interpretation portal

% Malignant nuclei/blasts must be >30%  
If the sample is bone marrow or blood, also provide the sample volume and nucleated cell count

Please provide pathology contact details in addition to responsible consultant

If the email address is not an NHS.net address or an approved email address in line with IG guidance, patient information will not be sent to the email address and an alternative email address must be provided for this purpose.

Indicate that the record of discussion form has been completed and submitted with the test order form or that the discussion has taken place and the form will follow.

Patient details must be provided here to ensure all parts of the form can be associated with the correct patient.  
 A patient sticker can be used here if appropriate.

First name	Donald	NHS number (or postcode if not known)									
		9	7	6	4	3	1	6	4	9	7
Last name	Duck	Date of birth dd/mm/yyyy									
		25/09/1963									

Ethnicity – Please tick the Self Defined Ethnicity code below

White		Mixed	Asian or Asian British		Black or Black British	Other Ethnic groups	
<input type="checkbox"/> 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> G Any other mixed background	<input checked="" type="checkbox"/> L Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/> Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the patient does not want to provide or disclose their ethnicity, tick 'Z – not stated'

If the ethnicity of the patient is not known and unable to be obtained, tick '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
RNOH Pathology	S	1957857
RNOH	P	123456

Any additional local identifiers that should be carried with the test order that cannot be provided in another field can be provided here.