

**GUIDANCE NOTES: Completion of Cancer (Haem/Onc) Test Order Form**

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

Postcode must be provided in order to verify NHS no

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

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.

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

**CANCER**

**NHS**  
 QT04\_G v1.19

Requesting organisation: **Barts Health NHS Trust**

GLH Laboratory to receive sample: **London North Genomic Laboratory Hub** | Test required: **Whole Genome Sequencing**  
 Address: **Level 4-6, Barclay House, 37 Queens Square, London, WC1N 3BH**

Patient first name <b>Minnie</b>		Ethnicity Select or (if printed) tick on page 2	
Patient last name <b>Mouse</b>		Test Directory Clinical Indication & code (cancer type & sub-type) <b>M80 Acute Myeloid Leukaemia</b>	
Date of birth dd/mm/yyyy <b>08/07/1941</b>	Hospital number <b>854987</b>	Presentation status: <input checked="" type="checkbox"/> First diagnosis <input type="checkbox"/> Recurrence / Relapse <input type="checkbox"/> Unknown	
Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other	Postcode <b>S G 7 8 R J</b>		
NHS Number <b>3 2 1 6 5 4 9 8 7 0</b>		Additional clinical information (if required) e.g. previous tumours, molecular testing and relevant treatment history with date(s)	
Reason NHS Number not available <input type="checkbox"/> Patient not eligible for NHS Number (e.g. foreign national) <input type="checkbox"/> Other (provide reason): <b>If NHS no. not available, reason must be provided.</b>		Any additional information which may be useful for analysis and reporting.	
<b>Solid tumour requests only</b>			
<input type="checkbox"/> Primary	Histopathology Lab ID	Additional tumour information (if relevant) e.g. site of metastasis (if metastatic), or unknown primary	
<input type="checkbox"/> Metastatic			
<input type="checkbox"/> Unknown	Date of this diagnosis dd/mm/yyyy	Tumour topography	Tumour morphology
<input type="checkbox"/> Lymphoma			
<b>Haemato-oncology liquid tumour requests only</b>			
<input checked="" type="checkbox"/> AML <input type="checkbox"/> ALL <input type="checkbox"/> Other (please specify):		SIHMDS Lab ID <b>20LM-350G0003</b>	Date of this diagnosis dd/mm/yyyy <b>2 / 12 / 2020</b>
Complete for tumour samples (being sent to GLH DNA extraction lab)			
<input type="checkbox"/> Fresh frozen tumour <input checked="" 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	Collection date / time	% malignant nuclei / blasts	If BM/PB provide volume and nucleated cell count
<b>20LM-350G0001</b>	<b>10/12/2020 - 1600</b>	<b>40%</b>	<b>20x10<sup>9</sup>/l, 1.5ml</b>
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 checked="" type="checkbox"/> Skin biopsy <input type="checkbox"/> Other (please specify):			
Sample ID	Collection date / time	Sample volume if applicable	Comments
<b>20LM-350G0002</b>	<b>10/12/2020 - 1600</b>		
<b>Consultant details</b>			
Responsible consultant Name: <b>Dr Stephen Strange</b> Department: <b>Haemato-Oncology, Royal London Hospital</b> address: Phone: <b>0207 456 7891</b> Email: <b>Stephen.Strange@nhs.net</b>		Main contact (if different from responsible consultant) Name: <b>SIHMDS</b> Department: <b>SIHMDS Royal London Hospital</b> address: Phone: <b>0207 987 6543</b> Email: <b>BH.SIHMDS@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

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

Information provided here will be displayed in the interpretation portal

Date of diagnosis for this cancer incidence

Please provide SIHMDS contact details in addition to responsible consultant

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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	Minnie	NHS number (or postcode if not known)									
		3	2	1	6	5	4	9	8	7	0
Last name	Mouse	Date of birth dd/mm/yyyy									
		08/07/1941									

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

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
Barts Health	S	21S37564
Barts Health	P	654321

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