

**Genomic Medicine Service**

Whole Genome Sequencing (WGS) Test Request

PLEASE DO NOT USE FOR NON-WGS TESTS

**CANCER**

QT04\_G v1.19

<b>Requesting organisation:</b>			
<b>GLH Laboratory to receive sample:</b>		Test required	
Address:		<b>Whole Genome Sequencing</b>	
Patient first name		Ethnicity Select or (if printed) tick on page 2	
Patient last name		Test Directory Clinical Indication & code (cancer type & sub-type)	
Date of birth <i>dd/mm/yyyy</i>	Hospital number		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Postcode			
NHS Number		Presentation status: <input type="checkbox"/> First diagnosis <input type="checkbox"/> Recurrence / Relapse <input type="checkbox"/> Unknown	
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) <i>e.g. previous tumours, molecular testing and relevant treatment history with date(s)</i>	
<b>Solid tumour requests only</b>			
<input type="checkbox"/> Primary	Histopathology Lab ID	Additional tumour information (if relevant) <i>e.g. site of metastasis (if metastatic), or unknown primary</i>	
<input type="checkbox"/> Metastatic		Date of this diagnosis <i>dd/mm/yyyy</i>	Tumour topography
<input type="checkbox"/> Unknown			Tumour morphology
<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):	SIHMDS Lab ID
			Date of this diagnosis <i>dd/mm/yyyy</i> / /
<b>Complete for tumour samples</b> (being sent to GLH DNA extraction lab)			
<input 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	Collection date / time	% malignant nuclei / blasts	If BM/PB provide volume and nucleated cell count
<b>Complete for germline samples</b> (being sent to GLH DNA extraction lab)			
<input 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	Collection date / time	Sample volume if applicable	Comments
<b>Consultant details</b>			
Responsible consultant <i>Name:</i> <i>Department address:</i> <i>Phone:</i> <i>Email:</i>		Main contact (if different from responsible consultant) <i>Name:</i> <i>Department address:</i> <i>Phone:</i> <i>Email:</i>	

 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 <i>dd/mm/yyyy</i>

Ethnicity – Please tick the Self Defined Ethnicity code below

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