

Genomic Medicine Service Whole Genome Sequencing (WGS) Test Request PLEASE DO NOT USE FOR NON-WGS TESTS	<div style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">CANCER</div>	
--	---	--

Requesting organisation:	
GLH laboratory to receive sample:	Test Required Whole Genome Sequencing

Patient first name	Ethnicity
Patient last name	Test Directory Clinical Indication & code (cancer type & sub-type) <i>The clinical indications listed at the bottom of the pick list under 'NEW INDICATIONS' are not live for all NHS GLHs. Please check with GLHs prior to ordering.</i>
Date of birth (dd/mm/yyyy) Hospital number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Presentation status <input type="checkbox"/> First diagnosis <input type="checkbox"/> Recurrence / Relapse <input type="checkbox"/> Unknown
Postcode <input style="width: 100px;" type="text"/>	Additional clinical information (if required) <i>E.g. previous tumours, molecular testing, and relevant treatment history with date(s)</i>
NHS number <input style="width: 100px;" type="text"/>	
Reason NHS Number not available: <input type="checkbox"/> Patient not eligible for NHS number (e.g. foreign national) <input type="checkbox"/> Other (provide reason):	

Solid tumour requests only			
<input type="checkbox"/> Primary <input type="checkbox"/> Metastatic <input type="checkbox"/> Unknown <input type="checkbox"/> Lymphoma	Histopathology Lab ID	Additional tumour information (if relevant) <i>E.g. site of metastasis (if metastatic), or unknown primary</i>	
	Date of this diagnosis (dd/mm/yyyy)	Tumour topography	Tumour morphology

Haemato-oncology liquid tumour requests only		
<input type="checkbox"/> AML <input type="checkbox"/> ALL <input type="checkbox"/> Other (please specify):	SIHMDS Lab ID	Date of this diagnosis (dd/mm/yyyy)

Complete for tumour samples (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):			
<i>% malignant nuclei / blasts or equivalent in this sample (refer to sample handling guidance) must be provided below</i>			
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)			
<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
Responsible consultant		Main contact (if different from responsible consultant)	
Name:		Name:	
Department address:		Department address:	
Phone:		Phone:	
Email:		Email:	

- I have attached a copy of the Record of Discussion form
- Patient conversation taken place; Record of Discussion form to follow