

GUIDANCE NOTES: Completion of Cancer (Solid Tumour) 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.

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

% 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.

Genomic Medicine Service Whole Genome Sequencing (WGS) Test Request PLEASE DO NOT USE FOR NON-WGS TESTS		CANCER		NHS QT04_G-11.19	
Requesting organisation: Royal National Orthopaedic Hospital NHS Trust					
GLH Laboratory to receive sample: London North Genomic Laboratory Hub				Test required Whole Genome Sequencing	
Address: Level 4-5, Barclay House, 37 Queens Square, London, WC1N 3BH					
Patient first name Donald		Ethnicity Select or (if printed) tick on page 2			
Patient last name Duck		Test Directory Clinical Indication & code (cancer type & sub-type)			
Date of birth dd/mm/yyyy 25/09/1963		M56 Ewing Sarcoma of Bone			
Hospital number 654987					
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other					
Postcode I G 9 4 R W		Presentation status: <input type="checkbox"/> First diagnosis <input checked="" type="checkbox"/> Recurrence / Relapse <input type="checkbox"/> Unknown			
NHS Number 9 7 6 4 3 1 6 4 9 7		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):		Any additional information which may be useful for analysis and reporting.			
If NHS no. not available, reason must be provided.					
Solid tumour requests only					
<input checked="" type="checkbox"/> Primary		Histopathology Lab ID 20S1245		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	
<input type="checkbox"/> Unknown		2 / 12 / 2020		Description, not code	
<input type="checkbox"/> Lymphoma				Description, not code	
Haemato-oncology / Liquid tumour requests only					
<input type="checkbox"/> AML <input type="checkbox"/> ALL <input type="checkbox"/> Other (please specify):		BMPF 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 20LM-350G0002		Collection date / time 10/12/2020		% malignant nuclei / blasts 30%	
				If BMPF 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 20LM-350G0002		Collection date / time 10/12/2020 - 1600		Sample volume if applicable	
				Comments	
Consultant details					
Responsible consultant Name: Dr Gregory House Department: Oncology, RNOH address: Phone: 0207 546 8793 Email: Gregory.House@nhs.net			Main contact (if different from responsible consultant) Name: Pathology Department: Pathology Department, RNOH address: Phone: 0207 546 8793 Email: Pathology.RNOH@nhs.net		
<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

Please provide pathology contact details in addition to responsible consultant

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.

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'

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"/>	<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"/>	<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"/>
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.