

For full functionality of this form, use Adobe Reader or Acrobat. Web browser or Outlook views may be limited.

<b>Genomic Medicine Service</b> <b>Whole Genome Sequencing (WGS) Test Request</b> <b>PLEASE DO NOT USE FOR NON-WGS TESTS</b>	<div style="background-color: #6a3d9a; color: white; padding: 5px; border-radius: 10px; display: inline-block;">RARE AND INHERITED DISEASES</div>	
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<b>Requesting organisation:</b>
<b>GMS laboratory:</b>

Proband's first name	Life status Alive    Deceased	Ethnicity
Proband's last name	Family test Singleton    Trio    Other (provide number):	
Date of birth <small>(dd/mm/yyyy)</small>	Hospital number	Relevant clinical information <i>Please include any previous molecular testing with date(s) and any other pertinent clinical information</i>
Sex assigned at birth Male    Female		
Postcode		
NHS number		
Reason NHS Number not available: Patient not eligible for NHS number (e.g. foreign national) Other (please provide reason):		
Proband's age at onset of clinical features <i>years</i> <i>months</i>		

**Test request**

Test Directory Clinical Indication & code (reason for testing)
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Additional panel(s) (if relevant; <b>mandatory for R89</b> ) <i>(use panels with panel type 'GMS Rare Disease Virtual' - <a href="https://nhsgms-panelapp.genomicsengland.co.uk/">https://nhsgms-panelapp.genomicsengland.co.uk/</a>)</i>
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State if specific rare disease is suspected or confirmed	<b>Clinical Priority</b> There is no urgent pathway, however prioritisation may be possible in exceptional circumstances. Please provide reason for urgency.
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**Reason for diagnostic test (Please provide additional information with other relevant clinical information above)**

Patient management: determining therapeutic decisions and/or clinical investigations and/or surveillance programme
Patient, parents, or adult relative reproductive decision making
Unaffected relatives are seeking predictive testing

**Family members to be tested (not required for proband only referrals)**

First name	Last name	Date of birth	NHS Number <small>(or postcode if not known)</small>	Sex assigned at birth	Deceased	Status	Ethnicity	Relationship to proband

**Samples being sent to GMS DNA extraction lab (only required if also using this form for sample collection)**

First name	Last name	Date of birth	Sample ID	Collection date / time	Sample type	Sample volume	Comments

**I have attached a copy of the Record of Discussion form for all individuals**  
 Patient conversation taken place; Record of Discussion form to follow

