

 North Thames Genomic Medicine Service	NHS NORTH THAMES GENOMIC LABORATORY HUB GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST LONDON
Cancer Whole Genome Sequencing Germline Sample Request Form	

Where a germline sample (peripheral blood (PB) in EDTA or skin biopsy) for WGS is being sent separately from the tumour sample, please complete this form and send a physical copy with the germline sample.

NHSE Test Order Form and Record of Discussion to be sent separately via email to gos-tr.pmu@nhs.net.

For clinician to complete:

Surname:		First Name:	
Date of Birth:	NHS Number:	Hospital Number:	Sex:
Patient Address and Postcode:			
Test Directory Clinical Indication and Code https://www.england.nhs.uk/publication/national-genomic-test-directories/			
Referring Consultant name and email (@nhs.net):		Referring Hospital: Department:	

Germline sample details:

Collection date / time	Sample volume (if PB)	Comments

The sample tube and test request form must have three matching identifiers to be accepted.

Peripheral blood volumes:

- Adults and children – 3-5ml peripheral blood EDTA
- Infant – 1-3ml peripheral blood EDTA

Samples must be labelled with:

- Patients full name (surname and given name)
- Date of Birth and NHS number
- Referring Hospital Number

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Please add the date and time the sample was taken to the test order form.

NOTE:

UNLABELLED samples will not be accepted

MISLABELLED samples will cause significant delay

Send samples by first class post or courier to this address:

SIHMDS, North Thames GLH

Specimen Reception

Level 5, Barclay House

Great Ormond Street Hospital

37 Queen Square

London WC1N 3BH

Samples coming from outside Great Ormond Street Hospital / Institute of Child Health must be packaged in accordance with UN Packing Requirement PI 650 and be clearly labelled 'Diagnostic Specimen UN3373'.

If you have any queries, please contact the Cancer WGS team by email: gos-tr.pmu@nhs.net