Genomic Tumour Advisory Board Referral Form

Please email completed forms and any questions to gst-tr.gtabsoutheastglh@nhs.net

PATIENT INFORMATION			
Patient Name		Hospital Number	
Gender		Referring Hospital	
DoB		Referring Clinician	
NHS Number		Referring Pathologist	
	SAMPLE IN	FORMATION	
Tumour type			
Tumour subtype			
Sample type			
Pathology sample number			
	PANEL INF	ORMATION	
Panel(s)			
Date issued			
GTAB SUMMARY CLINICAL INFORMATION (include any standard-of-care testing already performed):			
FAMILY HISTORY:			
REASON FOR REFERRAL (include any specific questions you have):			
 Review of potential pathogenic germline variant Review of potential somatic variant Eligibility for clinical trials 			
WHERE WAS THE GENOMICS REPORT ISSUED?			
 Guy's and St Thomas' King's College Hospital St George's Maidstone and Tunbridge Wells Brighton (University Hospitals Sussex) BSPS Other (please specify)			

Please attach a copy of the pathology report and any non-GSTT genomic reports to your referral.