NHS Genomic Medicine Service, WGS Test Request Rare Disease, July 2024, v1.5 to be used for WGS golive. This document is subject to version control and is regularly updated. Please confirm you are using the current version by contacting your local Genomic Laboratory Hub.

Whole Genome Sequencing (WGS) Test Request PLEASE DO NOT USE FOR NON-WGS TESTS

RARE AND INHERITED DISEASES



Requesting organisation: GLH laboratory:

Proband's first na	ame				Life	status			Ethnicity					
					ļ	Alive	۵	Decease	ed					
Proband's last na	ame				Fam	nily test								
						Singleto		Tr			(provide n	umber):	
Date of birth (dd/mm/yyyy) Hospital number						evant cli	-		-					
						e include d al informat			molec	ular testing wi	th date(s) and	any othe	r pertinent	
Gender Male Fe		box if karyot	ypic and/	information or phenotypic	2									
Postcode	emale Oth	er sex differ fro	m given g	enuer										
					_									
NHS number	1 1 1		-											
Reason NHS Nun														
Patient not eligit Other (please pro	ole for NHS number (e ovide reason):	.g. foreign nat	lional)											
Test request	· ·				1									
Clinical Priority					Test	Directo	ry (Clinical	Ind	ication & c	ode (reaso	n for t	esting)	
There is currently no u											·		0,	
possible to prioritise ca provide details of why														
					Proband's age of onset years months									
Additional panel(-	for R	89)	Dise	ase pen	etr	rance	Sc	ecific rare	or inherite	d dise	ases that	
(use panels with panel type 'GMS Rare Disease Virtual' - https://nhsgms-panelapp.genomicsengland.co.uk/)				Complete are suspected or have been confirmed										
						Incomp				·				
F		,	6			·	100						_	
Family members	to be tested (no	ot requirea		obana o Number	nıy rej						mile state		Relationship	
First name	Last name	Date of birth		stcode if (nown)	Gende	r Deceas	ed	Statu	IS		Ethnicity to pro			
Samples being se	nt to GLH DNA	extraction	lab (d	only requ	uired if	f also usi	ng	this for	m fo	r sample co	llection)			
						Collect	tion		-		Sample			
First name	Last name	Date of b	birth	Sample	e ID	date /			Sar	nple type	volume	Comments		
												<u> </u>		
		-								•				
Responsible clinic	cian / consultar	it			Ma	ain cont	act	t (if diff	eren	t from resp	onsible clini	cian/co	insultant)	
Name:					Name:									
Department address:				De	partme	nt a	addres	s:						
Phone:					Phone:									
Email:	Email:				Email:									

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

Proband first name	Proband last name	Date of birth (dd/mm/yyyy)	NI	IS n	umb	er				

HPO terms are important for the analysis and interpretation of WGS data.

Please enter valid HPO terms present in the proband/family members being tested.

HPO terms can be copied from the lists below, however please note these are not comprehensive lists of available terms.

HPO Terms - Please ensure those given match those available at						
(https://hpo.jax.org/app/)	Present	Absent	Present	Absent	Present	Absent

metabolic
Intellectual disability - mild
Intellectual disability - moderate
Intellectual disability - profound
Intellectual disability - severe
Autistic behaviour
Global developmental delay
Delayed fine motor development
Delayed gross motor development
Delayed speech and language development
Generalized hypotonia
Feeding difficulties
Failure to thrive
Abnormal facial shape
Abnormality of metabolism/homeostasis
Microcephaly
Macrocephaly
Tall stature
Craniosynostosis
Bicoronal synostosis
Unicoronal synostosis
Metopic synostosis
Sagittal craniosynostosis
Lambdoidal craniosynostosis
Multiple suture craniosynostosis

Craniosynostosis	
Bicoronal synostosis	
Unicoronal synostosis	
Metopic synostosis	
Sagittal craniosynostosis	
Lambdoidal craniosynostosis	
Multiple suture craniosynostosis	

Skeletal dysplasia	
Disproportionate short stature	
Proportionate short stature	
Short stature	
Skeletal dysplasia	

Diabetes	
Neonatal insulin-dependent diabetes mellitus	
Transient neonatal diabetes mellitus	
Renal	
Multiple renal cysts	
Nephronophthisis	
Hepatic cysts	
Enlarged kidney	
Renal insufficiency	

Kenai
Multiple renal cysts
Nephronophthisis
Hepatic cysts
Enlarged kidney
Renal insufficiency

Neurology
Muscular dystrophy
Myopathy
Myotonia
Fatigable weakness
Peripheral neuropathy
Distal arthrogryposis
Arthrogryposis multiplex congenita
Cognitive impairment
Parkinsonism
Spasticity
Chorea
Dystonia
Ataxia
Cerebellar atrophy
Cerebellar hypoplasia
Dandy-Walker malformation
Olivopontocerebellar hypoplasia
Diffuse white matter abnormalities
Focal White matter lesions
Leukoencephalopathy
Cortical dysplasia
Heterotopia
Lissencephaly
Pachygyria
Polymicrogyria
Schizencephaly
Holoprosencephaly
Hydrocephalus
Neurodegeneration
Dementia

Epilepsy
Seizures
Generalized seizures
Focal seizures
Epileptic spasms
Infantile encephalopathy
Atonic seizures
Generalized myoclonic seizures
Generalized tonic seizures
Generalized tonic-clonic seizures
EEG with focal epileptiform discharges
EEG with generalized epileptiform discharges
Multifocal epileptiform discharges

Cardiology
Hypertrophic cardiomyopathy
Dilated cardiomyopathy
Cardiomyopathy

Eye Disorders	
Cataract	
Retinal dystrophy	
Macular dys	trophy
Microphthal	mia
Anophthalm	ia
Coloboma	
Developmer	tal glaucoma
Aniridia	
Abnormal an	iterior eye segment morphology
Nystagmus	

Immune Disorders	
Immunodeficiency	
Abnormal lymphocyte morphology	
Abnormal lyr	nphocyte physiology
Abnormal lymphocyte count	
Abnormality of neutrophils	
Abnormality of humoral immunity	
Abnormal inflammatory response	
Abnormality of complement system	