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|---------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------|
| Genomic Medicine Service | RARE AND INHERITED DISEASES |  |
| Whole Genome Sequencing (WGS) Test Request | | |
| PLEASE DO NOT USE FOR NON-WGS TESTS | | |

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| Requesting organisation: |
| GLH laboratory: |

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|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Proband's first name | Life status Alive Deceased | Ethnicity | |
| Proband's last name | Family test Singleton Trio Other (provide number): | | |
| Date of birth (dd/mm/yyyy) | Hospital number | Relevant clinical information <i>Please include any previous molecular testing with date(s) and any other pertinent clinical information</i> | |
| Gender Male Female Other | <small>Please state in clinical information box if karyotypic and/or phenotypic sex differ from given gender</small> | | |
| Postcode | | | |
| NHS number | | | |
| Reason NHS Number not available: Patient not eligible for NHS number (e.g. foreign national) Other (please provide reason): | | | |

| Test request | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Clinical Priority <small>There is currently no urgent WGS pathway, however it may be possible to prioritise cases in exceptional circumstances. Please provide details of why this referral is considered a priority.</small> | Test Directory Clinical Indication & code (reason for testing) | |
| | Proband's age of onset years months | |
| Additional panel(s) (if relevant; mandatory for R89) <small>(use panels with panel type 'GMS Rare Disease Virtual' - https://nhsgms-panelapp.genomicsengland.co.uk/)</small> | Disease penetrance Complete Incomplete | Specific rare or inherited diseases that are suspected or have been confirmed |

| Family members to be tested (not required for proband only referrals) | | | | | | | | |
|-----------------------------------------------------------------------|-----------|---------------|---------------------------------------|--------|----------|--------|-----------|-------------------------|
| First name | Last name | Date of birth | NHS Number (or postcode if not known) | Gender | Deceased | Status | Ethnicity | Relationship to proband |
| | | | | | | | | |
| | | | | | | | | |

| Samples being sent to GLH 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 |
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| Responsible clinician / consultant | Main contact (if different from responsible clinician/consultant) |
|------------------------------------|-------------------------------------------------------------------|
| Name: | Name: |
| Department address: | Department address: |
| Phone: | Phone: |
| 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

