

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 INFORMATION			
Tumour type			
Tumour subtype			
Sample type			
Pathology sample number			
PANEL INFORMATION			
Panel(s)			
Date issued			
GTAB SUMMARY			
CLINICAL INFORMATION (include any standard-of-care testing already performed):			
<p>FAMILY HISTORY:</p>			
REASON FOR REFERRAL (include any specific questions you have):			
<input type="checkbox"/> Review of potential pathogenic germline variant <input type="checkbox"/> Review of potential somatic variant <input type="checkbox"/> Eligibility for clinical trials			
WHERE WAS THE GENOMICS REPORT ISSUED?			
<input type="checkbox"/> Guy's and St Thomas' <input type="checkbox"/> King's College Hospital <input type="checkbox"/> St George's <input type="checkbox"/> Maidstone and Tunbridge Wells <input type="checkbox"/> Brighton (University Hospitals Sussex) <input type="checkbox"/> BSPS <input type="checkbox"/> Other (please specify) _____			
LAB REPORT NUMBER:			

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