Genomic Test Request

BRISTOL GENETICS LABORATORY
T: 0117 414 6168/6167/6174
BFT.SWGLHenquiries.Southmead@nhs.net

EXETER GENOMICS LABORATORY
T: 01392 408229
rduh.exetergenomicslaboratory@nhs.net

NHS South West Genomic Laboratory Hub

Please return completed request form with all samples to the following SWGLH Laboratory (tick as appropriate)

☐ **Bristol Genetics Laboratory, Pathology Sciences, Southmead Hospital, Bristol, BS10 5NB**

☐ **Exeter Genomics Laboratory, Royal Devon University Healthcare Trust, Barrack Road, Exeter, EX2 5DW**

Patient first name	Relevant clinical and family information (please include lab identifiers and describe how the patient/family meets the test eligibility criteria)
Patient last name	
Date of birth *(dd/mm/yyyy)* / Sex at birth	
NHS number	
Postcode	
Ethnicity	
Hospital number / Clinical Genetics number	
Test request Please include NHSE R/M code (https://www.england.nhs.uk/publication/national-genomic-test-directories/)	

For fetal samples

Gestation	EDD	Multiple pregnancy? ☐

Clinical Utility (Please provide additional information with other relevant clinical information above)

☐ Patient management (determining therapeutic decisions and/or clinical investigations and/or surveillance programme)

☐ Patient, parents, or adult relative reproductive decision making

☐ Unaffected relatives are seeking predictive testing

Samples (For sample requirements please see https://www.nbt.nhs.uk/south-west-genomic-laboratory-hub/swglh-sample-test-information)

☐ Blood (EDTA)	☐ Chorionic Villus		Collection date / time
☐ Blood (LitHep)	☐ Fresh Tissue	Tissue Origin	
☐ Fetal Blood	☐ FFPE Tissue		
☐ Amniotic Fluid	☐ Buccal/Saliva		

Responsible clinician / consultant	**Additional contact**
Name	Name
Department address	Department address
Phone	Phone
Email	Email

Report copy to

Name	Email

CONSENT: In submitting this sample, the clinician confirms that informed consent has been obtained for (a) testing and storage (b) the use of this sample and the information generated from it to be shared with members of the donor's family and their health professionals (if appropriate). The patient should be advised that the sample may be used anonymously for quality assurance and training purposes.

Signature: .....