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1 Introduction

1.1 Purpose

This is the User Requirements Specification (URS) document for the `gel2mdt` project. The project aims to create a database to store data from the GeL CIP-API alongside patient demographic information and information about clinical workflow steps then subsequently display this data to clinical scientists thereby facilitating the reporting of variants.

1.2 Scope

This document outlines the requirements identified by proposed users of `gel2mdt`. The intended readership is West Midlands Regional Genetics Laboratories (WMRGL) clinical scientists, Great Ormond Street Hospital (GOSH) clinical scientists, and the project developers.

1.3 Definitions & Abbreviations

FRS Functional Requirements Specification
GOSH Great Ormond Street Hospital
RTM Requirement Traceability Matrix
URS User Requirements Specification
WMRGL West Midlands Regional Genetics Laboratories

1.4 Named people

HA Helena Ahlfors — Project Lead
SC Samuel Clokie — Project Lead
ES Edward Stone — Developer
PL Patrick Lombard — Developer
TC Theo Cole — Developer

2 User Requirements Specification

See Table 1 for requirements captured from proposed users. Technical requirements can be found in the functional requirement specification (FRS) document. The requirement traceability matrix (RTM) document details how the software has been designed to these requirements.

#	Requirement Title	Requirement Details	Trust
Functional			
1.1.1	Storage and display of all patients within the GeL CIP-API.	Data stored should include proband ID, family ID, interpretation ID, date last updated, CIP name, and the site code.	Both
1.1.2	Storage and display of case data for all with certain status types.	If the status type of a patient is 'sent to gmcs', 'report generated', or 'report sent' then case data should also be retrieved from GeL CIP-API.	Both
1.1.3	Demographic information should be stored.	(i) For patients described in 1.1.2, demographic information should also be pulled from LabKey or the the Trust's LIMS. (ii) Users need to be able to manually specifiy a lab ID number.	Both
1.1.4	Flag high priority cases.	Cases with Tier 1, Tier 2, or Promoted variants should be flagged for review by clinical scientists.	Both
1.1.5	Facilitate variant review	Details required for variant review should be pulled from GeL CIP-API and other necessary sources to facilate the review of variants.	Both
1.1.6	Confirm and report variants	(i) When reviewing variants, users need to be able to set a variant as 'confirmed'. (ii) Additionally, users need to be able to set a variant as 'reported'. (iii) Once a variant has been reviewed, a second clinical scientist user should be able to perform and record the results from a second check.	WMRGL
1.1.7	Assign cases for MDT	Users should be able to assign particular patients for MDT then choose variants for discussion.	Both
1.1.8	View list of patients requiring MDT	Users should be able to quickly get a list of all patients who have been flagged for MDT and have yet to go through the MDT process.	Both
1.1.9	Manage MDT cases	Users should be able to view an MDT screen for each patient requiring MDT, where they can input decisions made at each MDT and record attendees of the MDT.	Both
1.1.10	Design primers	When viewing any particular variant, users should be able to press a button to design primers for that variant.	WMRGL
Non-functional			
1.2.1	Availibility	The webapp should be available for use at all times during standard working hours.	Both
1.2.2	Accessibility	The webapp should be accessible from any trust computer without the need for installation of any software.	Both
Constraints			
1.3.3	Deployment	The webapp and database should be fully deployable following standard deployment procedures at both GOSH and WMRGL.	Both