Alder Hey Children's LAB DATE: 02/04/25 @ 1251 USER: PDAY LAB SPECIMEN INTERNAL INQUIRY

PATIENT: DAY, HAPPY BIRTH **ACCT**: V00000000917 **LOC**: W3CB **U** : AH0000256

AGE/SX: 5Y 01M/M ROOM: W3CB **REG:** 11/05/21

REG DR: Pain, Clare **DOB:** 12/02/2020 **BED:** 09 DIS:

STATUS: ADM IN TLOC:

SPEC: 0204:GE00001R **ORD FOR:** 02/04/25-1241 **STATUS:** UNV **REQ**: 00004914

COLL: 02/04/25-1241 STATUS: UNV
SUBM DR: Pain, Clare
RECV: 02/04/25-1244 PT AGE AT COLL: 5Y 1M

OM ORDER NUMBER(S): 250402-124006238 REASON FOR VISIT: INVESTIGATIONS

ENTERED: 02/04/25-1242 **ENT BY:** PDAY OTHR DR: BAXTER, MD

RCV BY: PDAY COLL BY:

LAST RPTD: 02/04/25-1249 **WKLD FN:**

LAST ACT: 02/04/25-1242 **BAR CD:** 005997

ORDERED: Rare Disease

SPECIMEN TYPES: BLOOD (Rare Disease)

COMMENTS: Referral lab PLEASE do following tests:

Test(s) required: WGS Sample type: Blood

Transport used: Merlin Courier

Tracking Number: ABC123

Sample sent to: LWH Genetics By: PDAY on: 02/04/25

.Speciality Requesting Clinician: PAEDS

Test Group: Neurology

Ethnic Group: White British

Patient is from consanguineous union? : Unknown Specimen Collection Status: Spec for GLH with order

Infection Risk: No Specific Risk

Clinical details:

TESTING

Contact/Bleep No: 123 Specimen Type: Blood

Tissue source/organ of origin: BLOOD

Specimen volume/number of slides or scrolls: 4mls

Email Requesting Clinician: EMAIL Clinical Department: general paeds

Test Code (Neurology): R59.3 WGS Epilepsy

Type of whole genome sequencing requested (WGS): Singleton

Record of discussion attached or to follow: Yes Have you obtained consent for DNA storage? Y Have you obtained consent for testing? Y

COL CATEG: Z-DOC

ORD SITE: ML TRANSIT SITE:

RCV SITE: ML

QUERIES:

PERFORM SITE: ML 02/04/25-1244 PDA **AT SITE:** ML 02/04/25-1244 PDA

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DATE: 02/04/25 @ 1251 Alder Hey Children's LAB
USER: PDAY LAB SPECIMEN INTERNAL INQUIRY

 SPEC : 0204:GE00001R
 PATIENT: DAY, HAPPY BIRTH
 ACCT : V00000000917

| Test | Result Flag Reference |
|--------------|---|
| Rare Disease | See comment(u) |
| | Sample sent to Cytogenetics at Liverpool Womens |
| | Hospital for analysis. Results are sent to the requesting |
| | consultant. Phone 0151 702 4229 if advice required. |
| | Method: LWH Perf Site: ML |
| | Ent: 02/04-1246 AutoDft |