

Genomic Medicine Service		CANCER	NHS	
Whole Genome Sequencing (WGS) Test Request PLEASE DO NOT USE FOR NON-WGS TESTS				
Requesting organisation:				
GLH laboratory to receive sample:			Test Required Whole Genome Sequencing	
Patient first name		Ethnicity		
Patient last name		Test Directory Clinical Indication & code (cancer type & sub-type) <i>The clinical indications listed at the bottom of the pick list under 'NEW INDICATIONS' are not live for all NHS GLHs. Please check with GLHs prior to ordering.</i>		
Date of birth (dd/mm/yyyy)	Hospital number			
Gender Male Female Other		Presentation status First diagnosis Recurrence / Relapse Unknown		
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Additional clinical information (if required) <i>E.g. previous tumours, molecular testing, and relevant treatment history with date(s)</i>		
NHS number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Reason NHS Number not available: Patient not eligible for NHS number (e.g. foreign national) Other (provide reason):				
Solid tumour requests only				
Primary Metastatic Unknown Lymphoma	Histopathology Lab ID		Additional tumour information (if relevant) <i>E.g. site of metastasis (if metastatic), or unknown primary</i>	
	Date of this diagnosis (dd/mm/yyyy)		Tumour topography	Tumour morphology
Haemato-oncology liquid tumour requests only				
AML	ALL	Other (please specify):	SIHMDS Lab ID	
		Date of this diagnosis (dd/mm/yyyy)		
Complete for tumour samples (being sent to GLH DNA extraction lab)				
Fresh frozen tumour		Bone marrow	Blood (EDTA)	Other (please specify):
% malignant nuclei / blasts or equivalent in this sample (refer to sample handling guidance) must be provided below				
Sample ID	Collection date / time		% Malignant nuclei / blasts	If BM/PB provide volume and nucleated cell count
Complete for germline samples (being sent to GLH DNA extraction lab)				
Blood (EDTA) Saliva Fibroblasts Skin biopsy Other (please specify):				
Sample ID	Collection date / time		Sample volume if applicable	Comments
Responsible consultant		Main contact (if different from responsible consultant)		
Name: Department address:	Name: Department address:			
Phone: Email:	Phone: Email:			

I have attached a copy of the Record of Discussion form

Patient conversation taken place; Record of Discussion form to follow