


Genomic Medicine Service		CANCER			
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		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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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	Histopathology Lab ID		Additional tumour information (if relevant) <i>E.g. site of metastasis (if metastatic), or unknown primary</i>		
Metastatic	Date of this diagnosis (dd/mm/yyyy)		Tumour topography		Tumour morphology
Unknown					
Lymphoma					
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:			Name:		
Department address:			Department address:		
Phone:			Phone:		
Email:			Email:		

I have attached a copy of the Record of Discussion form

Patient conversation taken place; Record of Discussion form to follow