

## **Genomic Medicine Service** National Genomic Test Directory Clinical Indication Exome Sequencing Test Request Please complete this form and email to the Testing laboratory BEFORE sending any samples. Ensure that email addresses are provided for the responsible clinician and clinical geneticist. **CONSENT:** Receipt of samples for testing assumes that **informed consent** has been obtained for all family members being tested and the possibility of incidental findings has been discussed. Please indicate the type of referral: Non-urgent Urgent If **urgent:** NICU PICU Other: Current pregnancy (EDD: //) Required samples: Please contact the Testing laboratory by e-mail to <a href="mailto:rduh.exeterexome@nhs.net">rduh.exeterexome@nhs.net</a> **BEFORE** sending any samples Please send at least 1µg of DNA per individual to: Exeter Genomics Laboratory, RILD Level 3, Royal Devon University Healthcare NHS Foundation Trust, Barrack Road, Exeter, EX2 5DW. Patient first name: Life status: Ethnicity: ☐ Alive ☐ Deceased Patient last name: Family test: Consanguinity: ☐ Trio ☐ Duo ☐ Singleton Yes No Unknown Date of birth: dd/mm/yyyy Hospital number: Trio – affected child and both parents (gene-agnostic) Duo – affected child and one parent (gene panel) Gender (if phenotypic sex is different please state): Singleton – affected child only (gene panel) ☐ Male ☐ Female ☐ Other: NHS number (or postcode if not known) Clinical information and any relevant family history Reason for testing - clinical summary (this text, or an abbreviated version of it, will be included in the report): Please also include relevant Specific rare or inherited diseases that are suspected or have been confirmed: Please list HPO terms (https://hpo.jax.org/app/) to describe phenotypes in this individual (OPTIONAL): Please list Family DNA samples provided (parents for trio tests) Surname Forename Date of birth NHS number Gender Deceased Status Male □ No Affected ☐ Unaffected Female Yes Other: Male □ No Affected Female ☐ Yes ☐ Unaffected Other: **Clinician details** Responsible clinician / consultant paediatrician: Email address for report: (nhs.net) Telephone number: Clinical geneticist: Email address for report: (nhs.net) Telephone number:

Non-NHSE Referral form – V1.0 Page 1 of 1