

Genomic Medicine Service National Genomic Test Directory Clinical Inc	dication R387 Reanalysis Test	Request (SWGLH R14 data)		
Please complete this form and email to the	Testing laboratory ( <u>rduh.exeter</u>	r <u>exome@nhs.net</u> ).		
<b>CONSENT:</b> Receipt of samples for testing assumes that <b>informed consent</b> has been obtained for all family members being tested and the possibility of incidental findings has been discussed.				
Please indicate the reason for requesting reanal	lysis:			
Significant change in clinical presentation for clinical or laboratory investigations) or fam Please provide details:		regression or new result from		
Newly identified affected sibling or family member with the same clinical presentation Please provide details:				
New pregnancy Please state gestation:				
Patient is deceased and there are potential management implications for the family				
Patient first name:	Life status:	Urgent: Provide reason		

Patient last name:		Family test:	Consanguinity: Yes No Unknown	
Date of birth: dd/mm/yyyy	Hospital number:	Family members tested:		
Gender (if phenotypic sex is different please state):		-		
NHS number:				
Postcode:				
Reanalysis requested:				
	est for an inherited variant fro	nels to be analysed: (NB If a trio analyon a mildly affected, mosaic or non-pener	ysis has been performed then a gene panel trant parent)	
	ricase specify genes			
Clinician details				
Responsible clinician / consultant paediatrician: Name, Department, Hospital		: Email address for repo	Email address for report: (nhs.net)	
		Telephone number:		
Clinical geneticist: Name, Department, Hospita	I	Email address for repo	rt: (nhs.net)	
		Telephone number:		