

**Genomic Medicine Service**  
**National Genomic Test Directory Clinical Indication R387 Reanalysis Test Request (SWGLH R14 data)**

Please complete this form and email to the Testing laboratory ([rduh.exeterexome@nhs.net](mailto:rduh.exeterexome@nhs.net)).

**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 reason for requesting reanalysis:**

- Significant change in clinical presentation for the patient (evolving phenotype, regression or new result from clinical or laboratory investigations) or family member  
Please provide details:
- Newly identified affected sibling or family member with the same clinical presentation  
Please provide details:
- New pregnancy  
Please state gestation:

Patient first name:		Life status: <input type="checkbox"/> Alive <input type="checkbox"/> Deceased	<input type="checkbox"/> Urgent: Provide reason																		
Patient last name:		Family test: <input type="checkbox"/> Trio <input type="checkbox"/> Duo <input type="checkbox"/> Singleton	Consanguinity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																		
Date of birth: dd/mm/yyyy	Hospital number:	Family members tested:																			
Gender (if phenotypic sex is different please state): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:																					
NHS number (or postcode if not known)																					
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**Reanalysis requested:**

Please provide R code(s) for additional gene panels to be analysed: (NB If a trio analysis has been performed then a gene panel analysis is only required to test for an inherited variant from a mildly affected, mosaic or non-penetrant parent)

Differential diagnosis: (Please specify genes)

**Clinician details**

Responsible clinician / consultant paediatrician: <small>Name, Department, Hospital</small>	Email address for report: (nhs.net)
	Telephone number:
Clinical geneticist: <small>Name, Department, Hospital</small>	Email address for report: (nhs.net)
	Telephone number: