Genomic Medicine Service
National Genomic Test Directory Clinical Indication R89 Non-urgent Exome Sequencing Test Request

Please complete this form and email to the laboratory rduh.exeterexome@nhs.net **BEFORE sending any samples. Ensure that email addresses are provided for the responsible clinician and/or 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 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: ☐ Alive ☐ Deceased	Ethnicity:
Patient last name:	Family test: ☐ Trio ☐ Duo ☐ Singleton	Consanguinity: ☐ 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) Singleton – affected child only (gene panel)	
Gender (if phenotypic sex is different please state): ☐ 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 information for relatives and relationship to other tested individuals, including disease status and age of onset

Differential diagnosis: 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
		dd/mm/yyyy		☐ Male ☐ Female ☐ Other:	☐ No ☐ Yes	☐ Affected ☐ Unaffected
		dd/mm/yyyy		☐ Male ☐ Female ☐ Other:	☐ No ☐ Yes	☐ Affected ☐ Unaffected

Clinician details

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