

Genomic Test Request

Please return completed request form with all samples to the following SWGLH Laboratory (tick as appropriate)	
<input type="checkbox"/>	Bristol Genetics Laboratory, Pathology Sciences, Southmead Hospital, Bristol, BS10 5NB
<input type="checkbox"/>	Exeter Genomics Laboratory, Royal Devon and Exeter NHS Foundation Trust, Barrack Road, Exeter, EX2 5DW

Patient first name		Relevant clinical and family information (please include lab identifiers)	
Patient last name			
Date of birth (dd/mm/yyyy)	Gender		
NHS number			
Postcode			
Ethnicity			
Hospital number	Clinical Genetics number		
Test request Please include NHSE R/M code (https://www.england.nhs.uk/publication/national-genomic-test-directories/)			
For fetal samples			
Gestation	EDD	Multiple pregnancy?	<input type="checkbox"/>

Samples (For sample requirements please see https://www.nbt.nhs.uk/south-west-genomic-laboratory-hub/swglh-sample-test-information)		
<input type="checkbox"/> Blood (EDTA)	<input type="checkbox"/> Chorionic Villus	Collection date / time
<input type="checkbox"/> Blood (LitHep)	<input type="checkbox"/> Fresh Tissue	
<input type="checkbox"/> Fetal Blood	<input type="checkbox"/> FFPE Tissue	
<input type="checkbox"/> Amniotic Fluid	<input type="checkbox"/> Buccal/Saliva	

Responsible clinician / consultant		Additional contact	
Name		Name	
Department address		Department address	
Phone		Phone	
Email		Email	

Report copy to	
Name	Email

CONSENT: In submitting this sample, the clinician confirms that informed consent has been obtained for (a) testing and storage (b) the use of this sample and the information generated from it to be shared with members of the donor's family and their health professionals (if appropriate). The patient should be advised that the sample may be used anonymously for quality assurance and training purposes.

Signature: