

Genomic Medicine Service

National Genomic Test Directory Clinical Indication R14 Rapid 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: NICU PICU Other:
Meets COVID-19 referral criteria

Required samples: Please contact the Testing laboratory by e-mail to rde-tr.MolecularGeneticsAdmin@nhs.net BEFORE sending any samples

Please send at least 1µg of DNA per individual to: Exeter Genomics Laboratory, RILD Level 3, Royal Devon & Exeter 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:	Additional information:	
Gender (if phenotypic sex is different please state): Male Female Other:			
NHS number (or postcode if not known)			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Family history / pedigree

Family members to be tested: Please include relevant information on relatives and relationship to other tested individuals, including disease status and age of onset

HPO terms (<https://hpo.jax.org/app/>) phenotypes and presence in this individual: Please list below

Family DNA samples provided (please ensure names are on the pedigree)

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: <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: