

Genomic Test Request

**BRISTOL GENETICS
LABORATORY**

T: 0117 414 6168/6167/6174

SWGLH enquiries@nbt.nhs.uk

**EXETER GENOMICS
LABORATORY**

T: 01392 408229

rduh.exetergenomicslaboratory@nhs.net



**South West
Genomic Laboratory Hub**

Please return completed request form with all samples to the following SWGLH Laboratory (tick as appropriate)
Bristol Genetics Laboratory, Pathology Sciences, Southmead Hospital, Bristol, BS10 5NB
Exeter Genomics Laboratory, Royal Devon University Healthcare Trust, Barrack Road, Exeter, EX2 5DW

Patient first name	Relevant clinical and family information (please include lab identifiers and describe how the patient/family meets the test eligibility criteria)	
Patient last name		
Date of birth (dd/mm/yyyy) Sex at birth		
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?		

Clinical Utility (Please provide additional information with other relevant clinical information above)
Patient management (determining therapeutic decisions and/or clinical investigations and/or surveillance programme)
Patient, parents, or adult relative reproductive decision making
Unaffected relatives are seeking predictive testing

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