NHS
South East
Genomic Laboratory Hub

TEST REQUEST FORM
FOR NON-WGS GENETIC TESTS

Genetics Laboratories, 5th Floor, Tower Wing, Guy's Hospital, Great Maze Pond, London, SE1 9RT

T: 020 7188 1696/1709
gst-tr.viapathgeneticsadmin@nhs.net
gst-tr.londonsouthglh@nhs.net

All fields are mandatory. Illegible, unclear or incomplete forms will result in delays or rejection.

CONSENT STATEMENT: It is the referring clinician's responsibility to ensure that the patient/carer knows the purpose of the test and that the sample may be stored for future diagnostic testing. In signing this form the clinician has obtained consent for testing, storage and for the use of this sample and the information gathered from it to be shared with members of the donor's family through their health professionals (if appropriate). The patient should be advised that the sample may be used anonymously for quality assurance and training purposes. If the patient does not wish information to be shared please write this clearly in the clinical summary box.

PATIENT DEMOGRAPHICS	
First name:	
Last name:	
DOB:	**Gender:** Male ☐ Female ☐ Other ☐
NHS number:	
Hospital no:	**Family ref no:**
Postcode:	**Life status:** Alive ☑ Deceased ☐
Non-NHSE funded (please attach invoicing details): ☐	

PATIENT ETHNICITY	
White:	British ☐ Irish ☐ Any Other White Background ☐
Mixed:	White And Black Caribbean ☐ White And Black African ☐ White And Asian ☐ Any Other Mixed Background ☐
Asian or Asian British:	Indian ☐ Pakistani ☐ Bangladeshi ☐ Any Other Asian Background ☐
Black or Black British:	Caribbean ☐ African ☐ Any Other Black Background ☐
Other Ethnic Groups:	Chinese ☐ Any Other Ethnic Group ☐ (please specify: _____)
Not stated ☐	**Not Known** ☐

CLINICAL INFORMATION AND FAMILY HISTORY

Please give as much clinical and genetic information as possible. Interpretation of results depends on the quality of clinical information provided. Please use HPO terms (https://hpo.jax.org/app/) when possible, see reverse.

R208: Inherited Breast and Ovarian Cancer

Tick one or more/delete as appropriate:

- ☐ Breast Cancer < 30 years
- ☐ Bilateral Breast Cancer < 50 years
- ☐ Triple negative Breast Cancer < 60 years
- ☐ Male breast cancer (any age)
- ☐ Breast Cancer < 45 years and another relative with Breast Cancer < 45 years
- ☐ Pathology adjusted Manchester score ≥15 or CanRisk score ≥10%
- ☐ Ashkenazi Jewish ancestry and breast cancer at any age
- ☐ High-grade non-mucinous epithelial Ovarian Cancer any age

Is patient pregnant? Y/N If yes how many weeks gestation?_____

Have other members of this family had gene testing? Y/N
Please provide details:

For familial cases, please include a pedigree with the patient clearly marked:

Affected ☑ Unaffected ☐	Age of onset:	Patients to be tested: Patient only ☐ Patient and both parents ☐ Other ☐

CLINICALLY URGENT? ☐

CLINICIAN DETAILS

Requesting clinician / consultant	Responsible clinician / consultant *(if different)*
Name:	Name:
Hospital & department:	Hospital & department:
NHS email:	NHS email:
Phone:	Phone:

SAMPLE TYPE:
Blood EDTA ☑ for DNA or gene tests
~~**Lithium Heparin** ☐ for karyotype only~~
~~**CVS** ☐ **Amnio** ☐ **Fetal blood** ☐ **POC** ☐~~
~~**Other (please state)**~~
Date of collection:
Time of collection:
For Departmental Use Only:

TEST REQUEST:

Gene test: Inherited Breast and Ovarian Cancer- BRCA1, BRCA2, PALB2, CHEK2 1100delC variant

Test directory clinical indication and ID (R number): R208

https://www.england.nhs.uk/publication/national-genomic-test-directories/

~~*If the clinical indication and code are not provided, a panel will be applied based on the clinical information provided.*~~

- **Array CGH** ☐
- **QF-PCR (rapid aneuploidy)** ☐
- **Karyotype analysis** ☐
- **DNA storage only** ☐
- **Other (please specify)** _____

Note: Please ensure the latest version of this request form is used, found on our website: www.southeastgenomics.nhs.uk

South East
Genomic Laboratory Hub

Genetics Laboratories, 5th Floor, Tower Wing, Guy's Hospital, Great Maze Pond, London, SE1 9RT

T: 020 7188 1696/1709
gst-tr.viapathgeneticsadmin@nhs.net
gst-tr.londonsouthglh@nhs.net

TEST REQUEST FORM FOR NON-WGS GENETIC TESTS

All fields are mandatory. Illegible, unclear or incomplete forms will result in delays or rejection.

CONSENT STATEMENT: It is the referring clinician's responsibility to ensure that the patient/carer knows the purpose of the test and that the sample may be stored for future diagnostic testing. In signing this form the clinician has obtained consent for testing, storage and for the use of this sample and the information gathered from it to be shared with members of the donor's family through their health professionals (if appropriate). The patient should be advised that the sample may be used anonymously for quality assurance and training purposes. If the patient does not wish information to be shared please write this clearly in the clinical summary box.

Patient first name:	Patient last name:	DOB:	NHS no:

HPO terms phenotypes and presence in this individual – please tick
Please confirm the HPO terms that have been assessed, and select whether they are present or absent

Intellectual disability, developmental and metabolic	Present	Absent
Intellectual disability - mild		
Intellectual disability - moderate		
Intellectual disability - profound		
Intellectual disability - severe		
Autistic behaviour		
Global developmental delay		
Delayed fine motor development		
Delayed gross motor development		
Delayed speech and language development		
Generalized hypotonia		
Feeding difficulties		
Failure to thrive		
Abnormal facial shape		
Abnormality of metabolism/homeostasis		
Microcephaly		
Macrocephaly		
Tall stature		

Craniosynostosis	Present	Absent
Bicoronal synostosis		
Unicoronal synostosis		
Metopic synostosis		
Sagittal craniosynostosis		
Lambdoidal craniosynostosis		
Multiple suture craniosynostosis		

Skeletal dysplasia	Present	Absent
Disproportionate short stature		
Proportionate short stature		
Short stature		
Skeletal dysplasia		

Epilepsy	Present	Absent
Seizures		
Generalized-onset seizure		
Focal-onset seizure		
Epileptic spasms		
Infantile encephalopathy		
Atonic seizures		
Generalized myoclonic seizures		
Generalized tonic seizures		
Generalized tonic-clonic seizures		
EEG with focal epileptiform discharges		
EEG with generalized epileptiform discharges		
Multifocal epileptiform discharges		

Neurology	Present	Absent
Muscular dystrophy		
Myopathy		
Myotonia		
Fatigable weakness		
Peripheral neuropathy		
Distal arthrogryposis		
Arthrogryposis multiplex congenita		
Cognitive impairment		
Parkinsonism		
Spasticity		
Chorea		
Dystonia		
Ataxia		
Cerebellar atrophy		
Cerebellar hypoplasia		
Dandy-Walker malformation		
Olivopontocerebellar hypoplasia		
Diffuse white matter abnormalities		
Focal White matter lesions		
Leukoencephalopathy		
Cortical dysplasia		
Heterotopia		
Lissencephaly		
Pachygyria		
Polymicrogyria		
Schizencephaly		
Holoprosencephaly		
Hydrocephalus		

Diabetes	Present	Absent
Neonatal insulin-dependent diabetes mellitus		
Transient neonatal diabetes mellitus		

Renal	Present	Absent
Multiple renal cysts		
Nephronophthisis		
Hepatic cysts		
Enlarged kidney		

Other (please specify)	Present	Absent

Note: Please ensure the latest version of this request form is used, found on our website: www.southeastgenomics.nhs.uk