

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.**

<b>PATIENT DEMOGRAPHICS</b>		<b>PATIENT ETHNICITY</b>	
First name:		<b>White:</b>	British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White Background <input type="checkbox"/>
Last name:		<b>Mixed:</b>	White And Black Caribbean <input type="checkbox"/> White And Black African <input type="checkbox"/> White And Asian <input type="checkbox"/> Any Other Mixed Background <input type="checkbox"/>
DOB:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	<b>Asian or Asian British:</b>	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian Background <input type="checkbox"/>
NHS number:		<b>Black or Black British:</b>	Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other Black Background <input type="checkbox"/>
Hospital no:	Family ref no:	<b>Other Ethnic Groups:</b>	Chinese <input type="checkbox"/> Any Other Ethnic Group <input type="checkbox"/> (please specify: _____)
Postcode:	Life status: Alive <input type="checkbox"/> Deceased <input type="checkbox"/>	<b>Not stated</b> <input type="checkbox"/>	<b>Not Known</b> <input type="checkbox"/>
Non-NHSE funded (please attach invoicing details): <input type="checkbox"/>			

<b>CLINICAL INFORMATION AND FAMILY HISTORY</b>	
<p>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 (<a href="https://hpo.jax.org/app/">https://hpo.jax.org/app/</a>) when possible, see reverse.</p> <p>Is patient pregnant? <b>Y/N</b>      If yes how many weeks gestation? _____</p>	<p>Have other members of this family had gene testing? <b>Y/N</b> Please provide details:</p> <p>For familial cases, please include a pedigree with the patient clearly marked:</p>
Affected <input type="checkbox"/> Unaffected <input type="checkbox"/>	Age of onset:      Patients to be tested: Patient only <input type="checkbox"/> Patient and both parents <input type="checkbox"/> Other <input type="checkbox"/>
<b>CLINICALLY URGENT?</b> <input type="checkbox"/>	

<b>CLINICIAN DETAILS</b>	
Requesting clinician / consultant Name: Hospital & department:  NHS email: Phone:	Responsible clinician / consultant (if different) Name: Hospital & department:  NHS email: Phone:

<b>SAMPLE TYPE:</b>	<b>TEST REQUEST:</b>
Blood EDTA <input type="checkbox"/> for DNA or gene tests	Gene test: _____
Lithium Heparin <input type="checkbox"/> for karyotype only	Test directory clinical indication and ID (R number): _____
CVS <input type="checkbox"/> Amnio <input type="checkbox"/> Fetal blood <input type="checkbox"/> POC <input type="checkbox"/>	<a href="https://www.england.nhs.uk/publication/national-genomic-test-directories/">https://www.england.nhs.uk/publication/national-genomic-test-directories/</a>
Other (please state)	<i>If the clinical indication and code are not provided, a panel will be applied based on the clinical information provided.</i>
Date of collection:	Array CGH <input type="checkbox"/>
Time of collection:	QF-PCR (rapid aneuploidy) <input type="checkbox"/>
For Departmental Use Only:	Karyotype analysis <input type="checkbox"/>
	DNA storage only <input type="checkbox"/>
	Other (please specify) _____

Note: Please ensure the latest version of this request form is used, found on our website: [www.southeastgenomics.nhs.uk](http://www.southeastgenomics.nhs.uk)

