BRISTOL GENETICS LABORATORY

T: 0117 414 6168/6167/6174

EXETER GENOMICS LABORATORY T: 01392 408229

 nbn-tr.geneticsenquiries@nhs.net
 rde-tr.ExeterGenomicsLaboratory@nhs.net
 Genomic Laboratory

 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
 Genomic Laboratory

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 pregnan	cy?		
Samples (For sample requirements please see https://www.nbt.nhs.uk/south-west-genomic-laboratory-hub/swglh-sample-test-information)					
Blood (EDTA) Chorio					Collection date / time
Blood (LitHep)		Fresh Tissue	Tissi	ue Origin	
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.					