

RARE DISEASE GENOMIC TEST ORDER FORM



East Genomic Laboratory Hub

Do not use this test order form for WGS test requests

PATIENT DETAILS (or address label)				ORDERING CLINICIAN INFORMATION	
NHS NO.*				SUBMITTER HOSPITAL*	
HOSPITAL NO.				RESPONSIBLE CLINICIAN*	
FAMILY NO.				CLINICAL SPECIALITY*	
SURNAME*				CONTACT EMAIL	
FORENAME(S)*				CONTACT PHONE	
DATE OF BIRTH*				REPORT EMAIL*	
POSTCODE*				<i>NHS.net or DCB1596 secure email required for reporting</i>	
ETHNICITY				*MANDATORY FIELDS	Private testing
SEX*	Male	Female	Other		

PRENATAL TESTING ONLY	
PARTNER'S NAME/DOB	MULTIPLE PREGNANCY
GESTATION (WKS)	EST. DUE DATE

SPECIMENS

The full list of acceptable specimen types - <https://www.eastgenomics.nhs.uk/for-healthcare-professionals/genomic-tests/sample-requirements/>

Blood (EDTA)	Chorionic Villus	Cord/Placenta	Risk of infection Affix risk of infection sticker here or write in details of infection risk
Blood (Lith Hep)	Fetal Blood	Products of Conception	
Saliva / Buccal	Amniotic Fluid	Other tissue - specify below	
Skin	DNA		
COLLECTION DATE		PREPARED BY (PRINT NAME)	

GENOMIC TEST REQUIRED

Clinical Indication codes (R codes) can be found in the NHSE test directory: <https://www.england.nhs.uk/publication/national-genomic-test-directories/>

CLINICAL INDICATION CODE(S)

CLINICAL INFORMATION

DNA STORAGE ONLY

DIAGNOSTIC TESTING

CARRIER TESTING

PREDICTIVE TESTING

CLINICALLY URGENT Provide details of why this test order is considered urgent

In submitting this test order and sample, the clinician confirms that genomic testing has been discussed with this patient and a record of this discussion has been retained

Send completed form and specimen to your usual local pathology department or by courier or 1st class post to:

Cambridge University Hospitals Genomic Laboratory, Box 143, Cambridge University Hospital Foundation Trust, Cambridge, CB2 0QQ
Tel: 01223 348 866

cuh.geneticlaboratories@nhs.net

Leicestershire Cytogenetics Laboratory, University Hospitals of Leicester NHS Trust, Leicester, LE1 5WW

Tel: 0116 258 5637

cytogenetics@uhl-tr.nhs.uk

Nottingham University Hospitals Regional Genetics Laboratories, Nottingham University Hospitals NHS Trust, Nottingham, NG5 1PB

Tel: 0115 969 1169, ext 55207(mol)

NUHNT.MolecularGenetics@nhs.net

Lab use only:

Affix Epic Label Here