

Request for analyses offered external to Wales
Please complete this form along with our general request form.

(Please print details legibly to avoid delays in processing this request)

Please note that no further action will be taken in this case in the absence of the requested information.

Patient Details:

Name:

Date of Birth:

Lab/Report No:

Referring Clinician Details:

Department:

Hospital:

Email address:

Tel. No.:

Report to be returned to: *(if different from above – Please include direct telephone and email details)*

Test(s) requested: *(Gene(s) / Disorder and sequence of testing if more than one test selected)*

Gene(s):

Panel:

Disorder:

- Have you a preferred testing laboratory?
- Please complete test pro-forma if required (Enclosed)
- Test priority: Routine/Urgent/ Prenatal period

Please contact the laboratory to discuss, if assistance is required.

Clinical details:

- Please include any clinical details relevant to the requested testing.
- Please state family history / relationship to affected family members. Refer to any previous testing in this patient and family (with name and date of birth) and include copies of reports if available and appropriate.

Inclusion of detailed clinical information is very important, as it can help with determining the significance of results and reduce delays in reporting by the testing laboratory.