

Rapid Whole Genome Sequencing Request Form

Attach Patient
Addressograph Here

Sample requirements:

CHILD (EDTA, 1ml)

BOTH PARENTS (EDTA, 3-4ml)

Please send samples with this form to AWMGS, University Hospital Wales.

All referrals must be discussed with the on-call genetics consultant/SpR, who can be contacted Monday-Friday 9-5pm (029218) 42577.

Requesting Consultant (Full Name)		Requesting Clinician - if not Consultant (Full Name)	
Consultant email address		Requesting Clinician email address - if not Consultant	
Referring Unit		Telephone Number	
Discussed with Genetics	YES: <input type="checkbox"/>	Possibility of incidental findings discussed	YES: <input type="checkbox"/>

Description of Clinical Features Please list the patients clinical features using HPO terms where possible (see https://hpo.jax.org/).	Family History / Pedigree Please include information about health problems in relatives and relationships to other people, including disease status and age of onset. Include details about miscarriages and stillbirths.

Previous Genetic Testing – Please include previous tests ordered and results. Where possible, reports should also be provided.

Consanguinity? If yes, please provide details.	
---	--

Samples CHILD, MATERNAL, and PATERNAL details are required. Please ensure names are included on pedigree.

SURNAME	FORENAME	DoB	NHS NUMBER	RELATION TO PATIENT	SEX	SAMPLE DATE	SAMPLE TIME
				PATIENT			
				MOTHER			
				FATHER			