



## Pregnancy Related Rapid Sequencing (R14) Request Form

Urgent (14cd) sequencing for pregnant couples with a previously affected child/pregnancy. Refer to WINGS for acutely unwell children and FAGP for ongoing affected pregnancies	Please notify the laboratory in advance and send samples with filled in referral form to: AWMGS, University Hospital Wales, Cardiff, CF14 4XW Tel: +44(0)2921844023 Lab.genetics.cav@wales.nhs.uk			
Sample requirements: CHILD (Blood EDTA, 1ml OR prenatal fluids, CVS, tissue)				
BOTH PARENTS (Blood EDTA, 3-4ml)				
Please note only requests from Clinical Genetics will be accepted	https://medicalgenomicswales.co.uk			

Requesting Consultant	Requested by (if not Consultant)
Name:	Name:
Email:	Email:
Referring unit:	Copies to:
Phone:	

Attach patient addressograph below if needed

Proband's first name: Se		Sex:		Previous genetic testing:			
					Array:	YES 🗌	□ NO □
Proband's last name:		Genetics family no:		Other:	YES [		
Date of birth:		Hosp no:		Please provide details or reports:			
NHS no.:		Ethnicity (required):					
Address:		Sample date and time:					
Postcode:		Sample type:					
Family member's details for TRIO testing							
First name:	Last name:	DOB:	NHS no:	Sex	: Ethnici	+	Relationship
	Last name.	DOB.		JEX		uy.	to proband:

HPO Terms – please use description and number as available on the website ( <u>https://hpo.jax.org/app/</u> ) To ensure correct interpretation of the results, please provide as much phenotypic and family history information as possible.	<b>Family history / Pedigree</b> 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.
	Consanguinity ( <i>if YES, please provide details</i> )

Consent for genetic testing and DNA storage is assumed when the request for testing is received It is the responsibility of the referring clinician to ensure that appropriate consent has been obtained