AWMGS
All Wales Medical Genomics Service

Please contact the laboratory by email BEFORE sending any samples.
Email: lab.genetics.cav@wales.nhs.uk

Genomic Medicine Service
National Genomic Test Directory Clinical Indication R21 Fetal Anomaly Gene Panel Test Request

SECTION 1 - To be completed by referring clinician

Before completing this form please ensure that testing has been agreed by Clinical Genetics.
CONSENT: Informed consent must be obtained from both parents and the consent form completed and sent to the laboratory with this form

Date of form completion:

Maternal and pregnancy details:

Surname:	Date of birth:	Ethnicity:
Forename:	Gestation:	Fetal sex: (scan/genetic)
Hospital number:	Paternal sample available?: Yes No	Consanguinity?: Yes No Unknown
NHS number:	Additional information: (IVF, gamete donation)	

Paternal details:

Surname	Forename	Dob	NHS number	Ethnicity

Clinical Details:

Please list main clinical features in fetus using HPO terms*

Relevant family or obstetric history	Yes	No	if yes please give details
Relevant clinical features in parents	Yes	No	if yes please give details

Referrer details

Responsible Geneticist Forename: Surname: Hospital:	Email address for report: (nhs.net or wales.nhs.uk) Telephone number:
Responsible FMU clinician Forename: Surname: Hospital:	Email address for report (if required): Telephone number:

Additional copies of report to: (include email address and job title)

SECTION 2 – Laboratory information

If previous testing completed on the prenatal sample in AWMGS laboratory please include lab number	

COMPLETE FOLLOWING SECTION IF PRENATAL SAMPLE HAS BEEN PROCESSED BY AN EXTERNAL LABORATORY			
Fetal DNA extracted from:	Amniocyte CVS Fetal Blood	Cultured cells - amniocytes Cultured cells - CVS Cultured cells – Fetal Blood	Date of invasive test: dd/mm/yyyy
Other genetic testing done or in progress: **Please attach reports**	QF-PCR: Yes / In progress	Result:	
	Microarray: Yes / No / In progress	Result:	
	Other (specify genes/panels): Result:		

Required samples: Fetal DNA, Maternal DNA, Paternal DNA (Paternal sample can be omitted if not obtainable) **Please email the completed form to the Testing Laboratory.**

Please send at least 100ng of DNA per individual to:
All Wales Medical Genomics Laboratory, University Hospital of Wales, Heath Park, Cardiff, CF14 1DY

Laboratory contact: Forename: Surname: Lab:	Email address for report: Telephone number:

CHECKLIST - Before sending please ensure the following will be available

- Fetal DNA sample
- Maternal DNA sample
- Paternal DNA sample (unless no way to obtain this)