NHS
North East and Yorkshire
Genomic Laboratory Hub

Genetic Testing Request Form
Rare Disease
https://ney-genomics.org.uk/

Lab Use Only
Lab No:
Date received: dd/mm/yyyy

Patient Information – use sticker if available				**Requesting Consultant / Genetic Counsellor**	
NHS No:		**D.O.B:**	dd/mm/yyyy	**Full Name:**	
Surname:		**Sex:**		**Contact E-mail:**	
Forename:		**Ethnicity:**		**Hospital:**	
Patient's Address:		**Hospital No:**		**Ward /Clinic:**	
Postcode:		**Clinical Genetics No:**		**Address/Email for report:**	

High risk of Infection: ☐ If yes, please affix label to samples and form and specify likely infection:

Test Required – please refer to National Genomic Test Directory (https://www.england.nhs.uk/publication/national-genomic-test-directories/).
N.B. WGS requests require a WGS RD Trio Form and Records of Discussion
Rare Disease samples will not be accepted without an R number and test name

R Number: **Test:**

Clinical details

Type of Test (please tick):

Diagnostic	☐	SNP array	☐
Carrier	☐	Karyotype	☐
Carrier population risk	☐	DNA storage ONLY	☐
Pre-symptomatic/Predictive	☐		

Extracted DNA will be stored in the laboratory, please tick box if consent for storage has NOT been given ☐

Known familial consanguinity? ☐

Urgent? ☐ **Reason if Y:**

Telephone/Bleep for urgent results:

Please list how the patient meets the testing criteria and provide any additional pertinent clinical information. By requesting this test you are confirming that this patient meets the eligibility criteria as defined by the: National Genomic Test Directory. For familial tests include details of affected family members.

Clinical Utility

(Please provide additional information with other relevant clinical information above)

☐ Patient management (determining therapeutic decisions and/or clinical investigations and/or surveillance programme)
☐ Patient, parents, or adult relative reproductive decision making
☐ Unaffected relatives are seeking predictive testing

Specimen details

Sample Date: dd/mm/yyyy
Taken by:

Sample Type:
☐ **EDTA Blood (2- 5 ml)** All genetic testing (except Karyotype)
☐ **Heparin Blood (2-5 ml)** For Karyotype testing only
☐ **Other (please specify):**

Once taken, samples should be sent to your local Genetics Laboratory

Please ensure a minimum of 3 matching identifiers on tubes and form; Samples should be packed according to UN3373 / P650 and sent 1st class post will normally be suitable for DNA extraction. Please store samples at 4°C if they cannot be transported the same day.

Newcastle Genetics Laboratory	Newcastle Genetics Laboratory, Central Parkway, Newcastle upon Tyne, Tyne and Wear, NE1 3BZ	nuth.dna@nhs.net **0191 241 8787/8775/8754** www.newcastlelaboratories.com/lab_service/laboratory-rare-diseases-services/
Sheffield Genetics Laboratory	Sheffield Diagnostic Genetics Service, Sheffield Children's NHS Foundation Trust, Western Bank, Sheffield, S10 2TH	scn-tr.sheffield.diagnosticgenetics@nhs.net **0114 271 7014** www.sheffieldchildrens.nhs.uk/SDGS.htm
Leeds Genetics Laboratory	Leeds Genetics Laboratory, Genomic Specimen Reception, Bexley Wing (Level 5), St James's University Hospital, Beckett Street, Leeds, LS9 7TF	leedsth-tr.genlabadmin@nhs.net **0113 206 5419/5205** https://www.leedsth.nhs.uk/services/pathology/the-leeds-genetics-laboratory/