



North East and Yorkshire
Genomic Laboratory Hub

Genetic Testing Request Form Rare Disease

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.

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:
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<p>Clinical details</p> <p>Type of Test (please tick):</p> <p>Diagnostic test <input type="checkbox"/> SNP array <input type="checkbox"/></p> <p>Carrier test <input type="checkbox"/> Karyotype <input type="checkbox"/></p> <p>Predictive/ Pre-symptomatic test <input type="checkbox"/> DNA storage <input type="checkbox"/></p> <p>Extracted DNA will be stored in the laboratory, please tick box if consent for storage has <u>NOT</u> been given <input type="checkbox"/></p> <p>Urgent? (Y/N) <input type="checkbox"/></p> <p>Telephone/Bleep for Urgent results: <input type="checkbox"/></p>	<p>By requesting this test you are confirming that this patient meets the eligibility criteria as defined by the: National Genomic Test Directory. Please list how the patient meets the testing criteria and provide any additional pertinent clinical information including circumstances that may increase the risk of infection. For predictive tests include details of affected family members.</p>
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Specimen details	Sample Date: (dd/mm/yyyy)	Sample Type:	Taken by:
EDTA Blood (2- 5 ml) <input type="checkbox"/>	All genetic testing (except karyotype)		
Heparin Blood (2-5 ml) <input type="checkbox"/>	For Karyotype testing <u>only</u>		

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<https://ney-genomics.org.uk/>

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	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.DNA@nhs.net
		0113 206 5419/5205
		www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory/