**Whole Genome Sequencing Test Request Form**

(NHSE Test Order Form and Record of Discussion to be sent separately via email to **gos-tr.wgsnorththamesglh@nhs.net**)

**For clinician to complete:**

|  |  |
| --- | --- |
| **Surname:** | **First Name:** |
| **Date of Birth:** | **NHS Number:** | **Hospital Number:** | **Sex:** |
| **Proband / Family Member** (Delete as appropriate) | **Proband Name:** |
| **Patient Address and Postcode:** |
| **Test Directory Clinical Indication and Code** (<https://test-selection-private.beta.genomics.nhs.uk/test-selection/clinical-tests>): |
| **Referring Consultant name and email** (@nhs.net): | **Address for report** (department and hospital)**:** |

**For phlebotomy to complete:**

|  |  |  |
| --- | --- | --- |
| **Collection date / time** | **Sample volume** | **Comments** |
|  |  |  |

**The sample tube and test request form must have three matching identifiers to be accepted.**

**Volumes:**

* Adults – 3-5ml EDTA
* Children – 3-5ml EDTA
* Infant – 1-3ml EDTA

**Samples must be labelled with:**

* Patients full name (surname and given name)
* Date of Birth and NHS number
* Referring Hospital Number

**Please add the date and time the sample was taken to the test order form.**

**NOTE: UNLABELLED samples will not be accepted**

 **MISLABELLED samples will cause significant delay**

**Send samples by first class post or courier to this address:**

North Thames GLH

Specimen Reception

Level 5, Barclay House

Great Ormond Street Hospital

37 Queen Square

London WC1N 3BH

Samples coming from outside Great Ormond Street Hospital / Institute of Child Health must be packaged in accordance with **UN Packing Requirement PI 650** and be clearly labelled **‘Diagnostic Specimen UN3373’**

If you have any queries please contact the GLH on **020 7829 8870 / 020 7762 6888** or email **gos-tr.wgsnorththamesglh@nhs.net**