

Genomic Test Request

**BRISTOL GENETICS
LABORATORY**

T: 0117 414 6168/6167/6174

SWGLHenquiries@nbt.nhs.uk

**EXETER GENOMICS
LABORATORY**

T: 01392 408229

rde-tr.ExeterGenomicsLaboratory@nhs.net



**South West
Genomic Laboratory Hub**

Please return completed request form with all samples to the following SWGLH Laboratory (tick as appropriate)	
Bristol Genetics Laboratory, Pathology Sciences, Southmead Hospital, Bristol, BS10 5NB	
Exeter Genomics Laboratory, Royal Devon and Exeter NHS Foundation Trust, Barrack Road, Exeter, EX2 5DW	

Patient first name		Relevant clinical and family information (please include lab identifiers)
Patient last name		
Date of birth (dd/mm/yyyy)	Sex at birth	
NHS number	<input type="text"/>	
Postcode	<input type="text"/>	
Ethnicity		
Hospital number	Clinical Genetics number	
Test request Please include NHSE R/M code (https://www.england.nhs.uk/publication/national-genomic-test-directories/)		
For fetal samples		
Gestation	EDD	Multiple pregnancy?

Samples (For sample requirements please see https://www.nbt.nhs.uk/south-west-genomic-laboratory-hub/swglh-sample-test-information)		
Blood (EDTA)	Chorionic Villus	Collection date / time
Blood (LitHep)	Fresh Tissue	
Fetal Blood	FFPE Tissue	
Amniotic Fluid	Buccal/Saliva	

Responsible clinician / consultant		Additional contact	
Name		Name	
Department address		Department address	
Phone		Phone	
Email		Email	

Report copy to	
Name	Email

CONSENT: In submitting this sample, the clinician confirms that informed consent has been obtained for (a) testing and storage (b) the use of this sample and the information generated from it to be shared with members of the donor's family and their health professionals (if appropriate). The patient should be advised that the sample may be used anonymously for quality assurance and training purposes.

Signature: