

RARE AND INHERITED DISEASE REFERRAL FORM

East Genomic Laboratory Hub

CUH Genomic Laboratory web: eastgenomics.org.uk e-mail: geneticslaboratories@nhs.net telephone: 01223 348866

Patient Details			Sample
NHS Number:	Hospital Number:	Family Number:	Sample type:
Surname:	Forename(s):	Date of Birth:	Taken by (sign):
Sex:	Ethnicity:	Private Patient: <input type="checkbox"/> Yes	Taken by (print name):
Address:			Date sample taken:
Postcode:			High risk of infection? <input type="checkbox"/> Yes
I have discussed genomic testing with this patient and have retained a record of this discussion (see overleaf)			
Referring Clinician			
Name:	Hospital:	Speciality:	Telephone contact details:
Address:		Email address (nhs.net preferred):	
Postcode:		Results to email (nhs.net preferred):	
Clinical Details		Test Required	
Provide comprehensive clinical details, results of laboratory testing and previous family testing or append latest relevant clinical correspondence.		Test information according to the National Rare Disease Test Directory (see overleaf):	
		R	
		Urgent testing required: <input type="checkbox"/> Yes	
Index Case and Date of Birth:		<input type="checkbox"/> Diagnostic testing	
		<input type="checkbox"/> Predictive testing	
		<input type="checkbox"/> Carrier testing	
		<input type="checkbox"/> DNA Storage only	
Prenatal Testing Information			
Gestation in weeks:	Partners Name and Date of Birth:		

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Send samples at room temperature by 1st class post or courier to:

**CUH Genomic Laboratory, Box 143, ATC Level 6,
Addenbrooke's Hospital, Cambridge University Hospital Foundation Trust,
Hills Road, Cambridge, CB2 0QQ**

Please ensure all sections of the form are complete.
Processing of samples may be delayed if information is incomplete.

National Genomic Test Directory for Rare and Inherited Disease
<https://www.england.nhs.uk/publication/national-genomic-test-directories/>

Discussion with patients and family about genomic testing

An appropriate discussion of the genomic test and possible implications should take place according to the Consent and Confidentiality in Genomic Medicine guidelines (<https://bit.ly/2XkBtMu>).

A record of discussion should be retained within the patient's record.

A recommended record of discussion form is provided on our eastgenomics.org.uk website.

We accept the following samples:

Venous blood samples: Adult: 5ml, Children: 1-5ml

DNA test: EDTA tube

Chromosomes: Lithium Heparin tube

Microarray: EDTA tube and Lithium Heparin tube

Other samples:

Cord/Placenta/insertion site/skin

Products of conception (whole specimen in sterile pot)

Amniotic fluid

Chorionic villus sample

Mouthwash / buccal swab (please contact the laboratory)

Store samples at 4°C if transport is delayed

For lab use only:

Shire Only

Error code:

Additional information: