NHS

Genomic Medicine Service   **National Genomic Test Directory Clinical Indication R387 Reanalysis Test Request (SWGLH R14 data)**
Please complete this form and email to the Testing laboratory (rduh.exeterexome@nhs.net).   **CONSENT:** Receipt of samples for testing assumes that **informed consent** has been obtained for all family members being tested and the possibility of incidental findings has been discussed.

Please indicate the reason for requesting reanalysis:
Significant change in clinical presentation for the patient (evolving phenotype, regression or new result from clinical or laboratory investigations) or family member   Please provide details: Newly identified affected sibling or family member with the same clinical presentation   Please provide details: New pregnancy   Please state gestation:

Patient first name:	Life status: ☐ Alive Deceased	Urgent: Provide reason
Patient last name:	Family test: Trio Duo ☐ Singleton	Consanguinity: Yes No ☐ Unknown
Date of birth: dd/mm/yyyy	Hospital number:	Family members tested:
Gender (if phenotypic sex is different please state): Male ☐ Female ☐ Other:		
NHS number (or postcode if not known) ☐☐☐☐ ■ ☐☐☐ ■ ☐☐☐☐		

Reanalysis requested:
Please provide R code(s) for additional gene panels to be analysed: (NB If a trio analysis has been performed then a gene panel analysis is only required to test for an inherited variant from a mildly affected, mosaic or non-penetrant parent)   Differential diagnosis: (Please specify genes)

Clinician details	
Responsible clinician / consultant paediatrician: Name, Department, Hospital	Email address for report: (nhs.net)
	Telephone number:
Clinical geneticist: Name, Department, Hospital	Email address for report: (nhs.net)
	Telephone number: