University Hospital Southampton
NHS Foundation Trust

WGLS Southampton UKAS reference: 9194

Lab use:

Barcode

Date:
Specimen(s) received:

Pharmacogenomics Test Request Form

Referrer Information		Patient Information	
Referring consultant		Surname	
Hospital		First Name	
Department		Date of Birth	
Telephone number / bleep		Gender	
Departmental Email (secure)		Hospital number	
		NHS number	
Source	☐ NHS ☐ Private	Address	Postcode:

Diagnosis / Clinical Details	
• How does the patient meet the National Genomic Test Directory eligibility[a]? • Clinical utility[b]:	Patient management ☐
Priority	☐ Urgent ☐ Cancer pathway ☐ Routine — ***Please notify the laboratory if clinically urgent***

Sample details *All fields must be completed*			
Lab reference number: (referrals to UHS)		Operator: Telephone number / bleep:	
Specimen type	☐ Peripheral blood	Collection date/time:	

Wessex Genomics Laboratory Service (Southampton) Test Requested		✓
1x 3.4ml peripheral blood, collected in EDTA. Alternative sample types will not be accepted. *Samples should not previously have been used for an alternative purpose.*	*DPYD* genotyping • Cancer type (eg. colorectal):…… NGTD code* (eg. M1.7):…… **https://www.england.nhs.uk/publication/national-genomic-test-directories/*	
	CYP2C19 genotyping for Clopidogrel • Please confirm: This patient has <u>not</u> started Clopidogrel** ***Strict eligibility and cost associated (see sample requirements[1])*	☐

Requester				
Name		Signature		Date
Email / phone				/ /

Sample transport		
The referring laboratory is responsible for the safe transfer of tissue and it is thus recommended that Royal Mail Recorded Delivery or an equivalent tracked postal service is used.	*Transport tracking ID*	

Please send samples to:	
Wessex Genomics Laboratory Service (Southampton) Duthie Link Building, Mailpoint 225, University Hospital Southampton NHSFT, Tremona Road, Southampton, Hampshire, SO16 6YD.	☎ 02381 206638 wgls_cancergenomics@uhs.nhs.uk wgs_cancerwgls@uhs.nhs.uk (WGS ONLY) www.uhs.nhs.uk/health-professionals/pathology-services/handbook/wessex-genomics-laboratory-service

Sample requirements

Details on both the referral card and the sample tube should be complete and legible. A minimum of 3 ID points are required.
We reserve the right to refuse to process samples with incomplete, illegible or ambiguous patient information. Any samples in the wrong tube or medium, or which are subject to significant delay in transit, are liable to be rejected.

a. FOR ALL GENOMIC TESTING, PLEASE ALSO PROVIDE SPECIFIC INFORMATION DETAILING HOW THE PATIENT MEETS THE NATIONAL GENOMIC TEST DIRECTORY (NGTD) ELIGIBILITY CRITERIA FOR THE TEST BEING REQUESTED (see http://www.england.nhs.uk/publication/national-genomic-test-directories for further information)

b. FOR ALL GENOMIC TESTING, PLEASE INDICATE HOW TESTING WILL IMPACT PATIENT CARE. PATIENT MANAGEMENT INCLUDES DETERMINING THERAPEUTIC DECISIONS AND/OR CLINICAL INVESTIGATION AND/OR SURVEILLANCE PROGRAMMES.

1. This service is only available for new stroke patients that are not yet on clopidogrel, which must be confirmed on this request form. Please note it is not currently recommended by NICE to retrospectively test patients who are already taking clopidogrel; these requests with be declined by the laboratory. We are also currently unable to test patients for CYP2C19 genotyping for other indications. CYP2C19 testing is not yet nationally commissioned and so a tariff of £65 per test will be charged to service users