TEST REQUEST FORM - WES/WGS/BGE

GeneLabs X (Pvt) Ltd.
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GeneLabs X

Lab ID:

Date:

1. PATIENT INFORMATION

Patient Name:	Patient DOB/Age:	Gender:
Address:	Contact No:	
Test requested by:	Email ID:	

2. SPECIMEN INFORMATION

Sample type: ☐ EDTA blood ☐ EDTA Bone marrow ☐ Heparin Blood/Bone marrow
☐ FFPE block/scrolls ☐ Swab ☐ Other (specify)

For FFPE Tumour Block: Block ID / Reference number:

Histopathology report: ☐ Attached ☐ Not available

Tumour content / Percentage (if known):

Collection date: ___/___/_____

3. TEST/S REQUESTED

☐ Whole Exome Sequencing - Germline (WES)
☐ Whole Exome Sequencing - Somatic (WESS)
☐ Whole Genome Sequencing (WGS)
☐ Blended Genome/Exome Sequencing (BGE)
☐ Other _____

4. CLINICAL HISTORY

Note: For WES/WGS/BGE testing, please provide detailed clinical information using the template on page 2 of this form to facilitate accurate variant identification, prioritisation, and classification.

5. Test Requester Consent

1. I understand that I may be contacted by GeneLabs X (Pvt) Ltd. in future to get further information required for testing and data interpretation, and that my personal details (name, address, contact numbers, email addresses) will **only** be used for this purpose. ☐
2. I understand that my samples/DNA sequences generated from my samples maybe used for further research (or research and development activities) to improve the accuracy of the diagnosis (or test outcomes). ☐
3. I received the opportunity to get required clarifications from GeneLabs X (Pvt) Ltd regarding the above particulars. ☐

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Signature

... .
Date

Genetic test request:	☐ **Whole Exome Germline Sequencing** ☐ **Whole Exome Somatic Sequencing** ☐ **Whole Genome Sequencing** ☐ **Blended Genome/Exome Sequencing**	
Referring clinician:		Contact number: Email address:
Primary clinical indication / Reason for testing:		
Patient problems / symptoms:		
Relevant family history (attach the pedigree if available):		
Parental consanguinity:	☐ Yes ☐ No ☐ Unknown	
Relevant clinical examination findings:		
Relevant investigations (laboratory / imaging / other relevant tests):		
Suspected diagnosis / Differential diagnoses:		
Gene(s) of interest / specific panels to consider:		