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| Specialist Healthcare Commissioning | National Services Division (NSD)Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EBTelephone 0131 314 1523 [www.nsd.scot.nhs.uk](http://www.nsd.scot.nhs.uk) | N H S NATIONAL SERVICESLOG |

**SGLC Test Request Form**

This form should be completed and submitted for the consideration of the SGLC Test Request Review Panel where;

* The test requested or equivalent is not available from / provided by the SGLC AND
* The test requires the use of Exome Panels/Whole Exome/ NGS panels costing over £1000

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| **Date Request sent** |  |
| **Referring Clinician:** |  |
| **Regional Laboratory submitting form:** | **Glasgow / Tayside / Lothian / Grampian** |
| **Basic Patient Identifier:** | **Patient initials / Postcode / Date of Birth** |
| **Clinical Assessment / Clinical Benefits:** | **Please include details of why the test required is to be referred. A short description of the condition requiring specialist test/Clinical benefits. Other affected relatives – Likely mode of inheritance** |
| **Suspected gene/genes** |  |
| **Genetic test /panel of tests required:** | Clinical Exome NGS panel Other (please state) |
| **Likelihood of identifying a mutation in proband / family** |  |
| **Cost of test:** |  |
| **Reason for Test** |  |
| **To confirm a clinical suspected diagnosis and confirmation of a mutation in a gene predisposing to this disease will allow a different management strategy** | **Information on how the result will change management** |
| **To confirm a clinical suspected diagnosis and confirmation of a mutation in a gene predisposing to this disease will allow predictive testing in at risk relatives** | **From pedigree- probable number of patients for whom predictive testing would be helpful** |
| **To inform recurrence risk for which the couple wish prenatal diagnosis in the foreseeable future** |  |
| **Test Provider:**  | **Details of Laboratory providing test:** |
| **Is laboratory accredited for this test?** | **Yes/No** |

Once completed – please return to:**nss.sglc@nhs.net**

**Internal NSD Use Only**

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| Date completed checklist received |  |
| Date circulated to NSD for approval |  |