ACCELERATED REFERRAL FORM TO CLINICAL GENETICS
Variant identified on mainstream test

Please complete this form and send to:

South East Wales - se.genetics@wales.nhs.uk
South West Wales - sw.genetics@wales.nhs.uk
North Wales - north.genetics@wales.nhs.uk

Patient Details *patient's addressograph label can be used*

Surname

Forename(s)

Address

Postcode **DOB**

Hospital No. **Sex**

NHS No.

Patient Tel No.

GP Details

Name

Address

Tel No.

Referrer Details

Form completed by:

Name

Status

Contact No.

Date

Referring Consultant

Referring Hospital

Family history information

Family history of cancer? Yes ☐ No ☐

Details of family history

Already referred to Clinical Genetics? Yes ☐ No ☐ Don't know ☐

Genomic testing results

Result discussed with patient? Yes ☐ No ☐

Patient aware of referral to Genetics? Yes ☐ No ☐

Copy of genomic test results attached? Yes ☐ No ☐