

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

<u>Patient Details</u> <i>patient's addressograph label can be used</i>		<u>Referrer Details</u>	
Surname		Form completed by:	
Forename(s)		Name	
Address		Status	
Postcode	DOB	Contact No.	
Hospital No.	Sex	Date	
NHS No.		Referring Consultant	
Patient Tel No.		Referring Hospital	
<u>GP Details</u> Name Address Tel No.			
<u>Family history information</u> Family history of cancer? Yes No Details of family history Already referred to Clinical Genetics? Yes No Don't know			
<u>Genomic testing results</u> Result discussed with patient? Yes No Patient aware of referral to Genetics? Yes No Copy of genomic test results attached? Yes No			