.Exome EPIC Smart phrase

- Some content is auto-filled from the patient chart

Medicare-funded genomic test: Pre-approval discussion documentation

IMPORTANT INSTRUCTIONS:

Once you have finished this documentation encounter, you need to route this encounter to the clinical geneticists so they know to contact you. HOW?

- In the documentation encounter, click on the "Send Chart" section in the Documentation tab (see image below)
- 2. route as "e-communication"
- 3. route to "p genetics referral triage pool" in the recipient field
- 4. click **Close** to route this documentation to the clinical geneticists.

A member of the genetics team will call you after they receive the communication.

SECTION A: Information about clinician ordering test

Name of ordering paediatrician:

Has the ordering consultant completed RCH Learning Hero genomics module: {Yes/No:33909}

SECTION B: Information about patient and parents

Patient name/DOB/MRN

Weight:

Wt Readings from Last 1 Encounters:

* Growth percentiles are based on WHO data.

Height/Length:

Current height:

* Growth percentiles are based on WHO data.

Head circumference:

HC Readings from Last 1 Encounters:

Family history: REQUIRED

Is either parent affected?	{PARENT STATUS:36500}		
Father's ethnicity:			
Mother's ethnicity:			
Are the parents consanguinous?	{yes no:314532}		
Is there a family history of similarly affected relatives? {YN-FHx:36493}			

Medicare Eligibility (see Medicare criteria here). REQUIRED

^{*} Growth percentiles are based on WHO data.

Has the patient had a non-informative chromosome microarray test?	{YN-CMA:36494}
Is the patient admitted (inpatient or ED)?	{YN-INPAT:36495}
Has this patient already had genomic testing?	{YN-PREVTEST:36496}
(defined as testing for variant(s) in multiple genes in one test and includes whole genome sequencing, whole exome sequencing or testing of a panel of genes)	

Does the patient have:	If YES:
	Upload photos into EPIC or RCH Medical Photography System
□ NO □ YES→	AND list dysmorphic features below:
	•
congenital anomalies?	
□ NO □ YES→	•
intellectual disability of at	Provide IQ score (if known) OR detailed description of severity,
	including developmental milestones below:
□ NO □ YES→	•

Other relevant features? (OPTIONAL)

Differential diagnoses?*	
Other phenotypic features?*	
Other relevant investigations (eg: brain MRI,	
metabolic investigations, etc)	

Gene panels. REQUIRED

What are the gene panels you wish to apply in	• ***
this test? (use the PanelApp Australia website)	

SECTION C. Outcome of discussion:

Medicare-eligible?	{yes no:314532}
Test:	{IMLIST22845_TESTTYPE:36497}
Name of clinical geneticist:	{VCGSLIST_CGs:36498}
Approval number granted:	

If approved, the ordering paediatrician MUST:

- 1. Obtain formal written consent using the consent form available at: https://www.vcgs.org.au/sites/default/files/forms/MGF164-consent-form-genomics.pdf
- 2. Send the consent form to HIS (his.upload@rch.org.au) with a copy (cc) to VCGS (exome@vcqs.org.au).
- 3. Place an order for the test for the child in EPIC search for "whole exome sequencing"

^{*}HPO terms are a structured language for describing phenotypes

- 4. You must include the approval number in your EPIC order for the child
- 5. If ordering a **TRIO**, place an order for each parent search for **"whole exome sequencing parent"**. You will need to know their full name & DOB.

NB: Testing will only proceed if the consent form/s are sent to exome@vcgs.org.au.

Contact Log - clinical geneticist use only

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#	Date	Туре	Purpose	Outcome	Duration (mins)	Notes
1	{date:36624}	{type:36621}	{reason:36622}	{outcome:36 623}		
2	{date:36624}	{type:36621}	{reason:36622}	{outcome:36 623}		
3	{date:36624}	{type:36621}	{reason:36622}	{outcome:36 623}		
4	{date:36624}	{type:36621}	{reason:36622}	{outcome:36 623}		
5	{date:36624}	{type:36621}	{reason:36622}	{outcome:36 623}		
6	{date:36624}	{type:36621}	{reason:36622}	{outcome:36 623}		