

# RMH Solid Tumour User Survey 2020

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We would like to thank you all for participating in the survey, your input is invaluable in assisting us in our quest to continually improve the service we provide.

The majority of respondents were either satisfied or very satisfied with our service overall; Thank You. Your positive and supportive messages in your summary of the service are hugely appreciated.

Please note that the Genomics service specification was circulated along with the link to the survey for your reference, however it is also available on the RMH Website:

<https://www.royalmarsden.nhs.uk/our-consultants-units-and-wards/clinical-departments/cancer-diagnostics>

We were very grateful to receive several suggestions to improve our service further. The key themes were:

- **Access to reports:** addressed in our Order & View response.
- **Report format:** addressed in our Reporting response.
- **TATs:** addressed in our Key Performance Indicators response.

## Test repertoire & testing strategy

The additional tests you would like to see added to the RMH Solid Tumour test repertoire were as follows:

- **ALK, ROS1** – This available on the RNA panel (IHC alongside)
- **NGS for lung cancer with wide gene panel not COBAS** – We perform NGS using a large gene panel, we are only performing COBAS for the salvage pathway and ctDNA – the latter because it is not on the test directory in this scenario.
- **NGS and FISH** – These are both included in test repertoire
- **I believe there is a central website for all test request forms. Direct link please** – <https://www.royalmarsden.nhs.uk/our-consultants-units-and-wards/clinical-departments/cancer-diagnostics>
- **Glioblastoma related tests** - we offer the majority of the tests on the cancer test directory, we are working to provide the methylation test.
- **NGS** - please see link to test directory <https://www.england.nhs.uk/publication/national-genomic-test-directories/>
- **MGMT promoter methylation, 1p/19q and CKDNA2A/2B deletions (no confirmatory FISH requirement)** – MGMT is currently being validated., 1p/19q and CKDNA2A/2B are all on panel
- **MET and NTRK** – these are available on panel.
- **Expanded tumour panel as targeted drugs use increased consideration for germline testing in the future** - The content of the panels is reviewed regularly according to national guidance and to comply with the test directory.
- **Fusion panel would also help to be able to edit which results are sent out to us: e.g. not important to include MET** - Our current testing strategy is to run both DNA and RNA panels in parallel, where sufficient FFPE slides are received, to meet the required TAT for lung cancer patients as described in the optimised lung cancer pathway. Access to MET targeted therapy on compassionate grounds is increasingly available and to that end we are including those variants when detected by NGS. Our lung vpanel includes the core genes from the TD and are reported within our 14 day TAT.
- **Fusion tests for ALK, ROS1, etc, though I believe they are imminent.** – These are all available now
- **NTRK reporting for NSCLC. METamp, HER2 ex20 and transmembrane domain mutations, NRG1 fusions** – These are all available now.

We are always very happy to consider new Solid Tumour tests, please contact [julie.howard-reeves@icr.ac.uk](mailto:julie.howard-reeves@icr.ac.uk) with any further enquiries.

## Order & View (O&V)

(Questions 8-9)

There were a couple of issues raised regarding access and delays to receiving reports. We have an implementation plan to onboard all organisations onto our O&V service, this will allow real-time access to reports as they are authorised.

One obstacle with the onboarding process is knowing who the key people are to contact at each organisation, therefore if you are interested in onboarding please contact [Henry.Coleman@rmh.nhs.uk](mailto:Henry.Coleman@rmh.nhs.uk) at your earliest convenience to allow us to prioritise our implementation accordingly.

## Referral Process

(Questions 10-12)

It was reassuring to see that the majority of users found the request forms clear and easy to complete.

For the latest **Solid Tumour request form** (for non-Order & View organisations only) and guidance on how to refer samples found in the **Genomics Service Specification** document, please see:

<https://www.royalmarsden.nhs.uk/our-consultants-units-and-wards/clinical-departments/cancer-diagnostics>

We have taken on-board the suggestion to include a tick-box option on the request form to state that microdissection is not required; we will look into including this in future updates.

We also take on-board the suggestion to include in the Service specification that stained and unstained slides are accepted from cytology samples for molecular testing in lung cancer in line with the guidelines from 2018 from AMP, CAP and IASLC. This will be included in the sample requirements section in the next review of the service specification document.

We are working towards onboarding everyone to Order and View.

## Reporting

(Questions 13-15)

Overall, it was felt that the Clinical Genomics report does meet clinical needs, however we do recognise that it can be frustrating that individual reports are not available until the integrated report (if required) is signed-out. Please be reminded that you are welcome to request interim reports when necessary. An interim report can be requested directly on the O&V portal by using the 'add a note' feature within the order or via telephone/email to the relevant lab/s. Interim reports will automatically be released for clinically urgent reports.

We also acknowledge that our current reports are limited with space. The fact that space is limited means that we are not always able to include clinical details provided in the request form; we are about to go out to tender for a new LIMS system which will resolve this.

Additionally, we have taken on-board the request for **reports to be more tailored to add sections on potential implications of genomic variants for targeted treatments, and a column listing whether variants are a VUS or pathogenic**: we are working towards this via a new report format, which will be available soon.

## Communications

(Questions 16-21)

Feedback around communication and User relationships appear to be very positive, we continue to work hard to ensure that you have access to the correct channels and strive to build on our relationships going forward. We have noted a big improvement in the ease of communication with our Central Specimen Reception from your responses which is very reassuring to see.

It was great to see that the majority of users felt encouraged to raise service issues and felt that they are considered & implemented appropriately. We understand there may have been concerns when we were confirmed as a GLH Cancer Hub, however it has always been our priority to provide a personal service to our users.

Please note there have been some recent changes within the Clinical Genomics department; full contact details for the service are included in the new Genomics service specification document which was circulated to all users but can also be found on the RMH Website: <https://www.royalmarsden.nhs.uk/our-consultants-units-and-wards/clinical-departments/cancer-diagnostics>, however please see below quick reference guide:

Clinical Genomics	Role	Telephone Number	Email Address
Main Office / General Enquiries	Molecular Diagnostics	020 8925 6565	<a href="mailto:Rmh-tr.moleculardiagnosics@nhs.net">Rmh-tr.moleculardiagnosics@nhs.net</a>
	Cytogenetics	020 8722 4232	<a href="mailto:RMH-tr.cytogenetics@nhs.net">RMH-tr.cytogenetics@nhs.net</a>
	Histopathology	020 8915 6648	<a href="mailto:Rmh-tr.histosspectest@nhs.net">Rmh-tr.histosspectest@nhs.net</a>
	Central Specimen Reception	020 8915 6570	
Julie Howard-Reeves	Operational Lead and Lead Scientist – North Thames GLH and RMH	020 8722 4232	<a href="mailto:Julie.Howard-Reeves@icr.ac.uk">Julie.Howard-Reeves@icr.ac.uk</a>
Dr Mikel Valganon Petrizan	Deputy Operational Lead – Clinical Genomics	020 8915 6543	<a href="mailto:mikel.valganonpetrizan@rmh.nhs.uk">mikel.valganonpetrizan@rmh.nhs.uk</a>
Dr Lisa Thompson	Head of Commercial Development	020 8915 6565 Cordless 1006	<a href="mailto:Lisa.Thompson@rmh.nhs.uk">Lisa.Thompson@rmh.nhs.uk</a>
Dr Suzanne MacMahon	Senior Clinical Scientist (Solid tumours - Molecular)	020 8915 6587	<a href="mailto:Suzanne.MacMahon@icr.ac.uk">Suzanne.MacMahon@icr.ac.uk</a>
Dr Jamshid Khorashad	Consultant Clinical Scientist (Haemato-oncology - Molecular lead)	020 8915 6587	<a href="mailto:Jamshid.Khorashad@icr.ac.uk">Jamshid.Khorashad@icr.ac.uk</a>
Fran Aldridge	Senior Clinical Scientist Cytogenetics	020 8722 4232	<a href="mailto:Frances.Aldridge@icr.ac.uk">Frances.Aldridge@icr.ac.uk</a>
Emma Poyastro-Pearson	Operational Manager – Molecular Diagnostics	020 8915 6561	<a href="mailto:Emma.Pearson@icr.ac.uk">Emma.Pearson@icr.ac.uk</a>
Elisa Garimberti	Operations Manager – Cytogenetics	020 8722 4232	<a href="mailto:Elisa.Garimberti@rmh.nhs.uk">Elisa.Garimberti@rmh.nhs.uk</a>
Marianne Wall	Clinical Scientists (Solid tumour cytogenetics lead)		<a href="mailto:Marianne.Wall@icr.ac.uk">Marianne.Wall@icr.ac.uk</a>
Ms Dee Collins & Ms Marion Sullivan	Team Administrators	020 8915 6565	<a href="mailto:Dee.Collins@icr.ac.uk">Dee.Collins@icr.ac.uk</a> <a href="mailto:Marion.Sullivan@nhs.net">Marion.Sullivan@nhs.net</a>
<b>Lung IHC Testing</b>			
Laboratory			<a href="mailto:HHMDS@rmh.nhs.uk">HHMDS@rmh.nhs.uk</a>
Medical PA			<a href="mailto:Rmh-tr.histosspectest@nhs.net">Rmh-tr.histosspectest@nhs.net</a> <a href="mailto:Medsec.haematopathology@rmh.nhs.uk">Medsec.haematopathology@rmh.nhs.uk</a> Tel: 020 8915 6648 Fax: 020 8915 6566
For lung pathway communication			PDL1/ALK1 and ROS1: <a href="mailto:Rmh-tr.histosspectest@nhs.net">Rmh-tr.histosspectest@nhs.net</a> EGFR & other lung panel tests: <a href="mailto:Rmh-tr.moleculardiagnosics@nhs.net">Rmh-tr.moleculardiagnosics@nhs.net</a>

## Key Performance Indicators

(Questions 22-25)

There were some concerns raised regarding Turn-Around Time (TAT) conformance, and delays in reporting. In greater than 90% of cases we meet the TAT targets as per NHSE requirements. It should be recognised that our own RMH Clinical Genomics TAT targets are significantly shorter than the NHSE requirements of 21 days. However, please be assured that we are working with all referral organisations to improve all aspects of the sample referral pathways.

TATs are monitored carefully and reported monthly;

**Summary of TAT performance 2020 embedded below:**



Solid tumour TATs  
Quality- 2020.xlsx

**(See also Appendix A)**

## Thank You

Thank you once again for your contributions to the survey and to the service we provide. We look forward to continuing to work together but in the meantime, we also thank you for the positive comments received in response to the overall review of the service:

- Excellent service
- Really helpful and efficient
- Order & view system excellent
- Thank you for being so responsive and excellent to work with the comments above on the structure of the report would be hugely helpful but thank you for a great service.
- Excellent service. Nowhere else could I get both DNA and RNA. The genomic scientists are highly knowledgeable and friendly. Superb staff.

If there are any other issues you would like to raise, please do not hesitate to contact Julie Howard-Reeves, Operational Lead and Lead Scientist [Julie.Howard-Reeves@icr.ac.uk](mailto:Julie.Howard-Reeves@icr.ac.uk)

**Please find the summary of survey responses in Appendix B below.**

# Appendix A:

RMH Quality Performance (Cancer Solid Tumours)

Test name	Solid Tumour Panels										NTRK	Fusion - Other	EGFR FFPE COBAS	BRAF-NRAS FFPE COBAS
	CRC panel	Melanoma panel	GIST panel	Lung panel	Glioma panel	Ovarian Cancer (tBRCA)	Sarcoma panel	Thyroid Panel	Paed Panel (technical report)					
<b>Technology</b>	NGS	NGS	NGS	NGS	NGS	NGS	RQPCR	NGS	NGS			COBAS	COBAS	
<b>Test directory code</b>	1	7	8	4	various	2	various	various	various			As per Lung	as per melanoma	
<b>UKAS accredited?</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	
<b>NEQAS</b>	GenQA (Satisfactory)	GenQA (Satisfactory)	GenQA (Satisfactory)	GenQA (Satisfactory)	GenQA (Satisfactory)	GenQA (Satisfactory)	GenQA (Satisfactory)	GenQA (Satisfactory)	GenQA (Satisfactory)			GenQA (Satisfactory)	GenQA (Satisfactory)	
<b>Test failure rate (%)</b>	Jan '20	Total samples received: 97	26	8	88	10	22	18	3	30		8	106	
		Number fails: 2	0	0	6	2	6	1	0	1		3	3	
		% Failed: 2.10%	0.00%	0%	6.80%	20%	27.30%	5.60%	0%	3.33%		37.50%	2.80%	9.50%
	Feb '20	Total samples received: 98	41	11	75	7	43	29	0	38		18	47	
		Number fails: 4	3	1	3	0	15	1	0	0		2	3	
		% Failed: 4.08%	7.32%	9.09%	4.00%	0.00%	34.88%	3.45%	0%	0.00%		11.11%	6.38%	7.30%
	Mar '20	Total samples received: 111	97	10	70	4	49	11	1	26		14	10	
		Number fails: 7	3	1	1	0	10	1	0	0		1	2	
		% Failed: 6.31%	3.09%	10.00%	1.43%	0.00%	20.41%	9.09%	0%	0.00%		7.14%	20.00%	7.04%
	Apr '20	Total samples received: 93	81	7	58	4	37	18	1	38		31	10	
		Number fails: 4	4	1	9	1	13	0	0	1		4	1	
		% Failed: 4.30%	4.94%	14.29%	15.52%	25.00%	35.14%	0.00%	0.00%	2.63%		12.90%	10.00%	11.34%
May '20	Total samples received: 70	80	6	65	0	23	9	6	27		12	4		
	Number fails: 0	7	1	5	0	4	2	0	0		5	1		
	% Failed: 0.00%	9%	16.70%	7.70%	0%	17%	22.22%	0%	0%		41.67%	25.00%	12.68%	
Jun '20	Total samples received: 103	75	8	72	5	38	19	6	43		16	10		
	Number fails: 3	4	1	4	0	7	0	1	0		2	1		
	% Failed: 2.90%	6%	13%	5.60%	0%	0%	0.00%	16.70%	0.00%		13%	10.00%	5.98%	
Jul '20	Total samples received: 96	73	6	57	8	33	17	5	44		4	10		
	Number fails: 6	4	0	3	0	5	2	0	0		2	1		
	% Failed: 6.30%	5.50%	0.00%	5%	0%	15%	17.60%	0%	0.00%		50.00%	10.00%	9.99%	
Aug '20	Total samples received: 98	87	11	68	5	39	14	4	42		4	3		
	Number fails: 6	7	0	5	1	9	0	0	0		3	3		
	% Failed: 6.10%	8.00%	0%	7.40%	20%	23.10%	0.00%	0	0%		75%	100.00%	21.78%	
Sep '20	Total samples received: 120	106	10	75	2	42	21	4	39		12	3		
	Number fails: 12	10	0	15	0	6	3	0	1		11	1		
	% Failed: 10%	9.40%	0.00%	20.00%	0.00%	14.30%	14.29%	0	2.56%		91.67%	33.30%	17.77%	
Oct '20	Total samples received: 120	92	8	82	11	43	30	6	48	14	17	11	4	
	Number fails: 9	7	0	8	2	7	1	0	0	1	1	8	1	
	% Failed: 8%	7.61%	0.00%	9.76%	18.20%	16.30%	3.33%	0.00%	0.00%	7.14%	5.88%	72.73%	25.00%	13.34%
Nov '20	Total samples received: 127	81	5	92	10	50	28	2	49	22	12	18	5	
	Number fails: 14	8	0	18	1	10	2	1	0	5	2	16	4	
	% Failed: 11%	9.90%	0.00%	28.00%	10.00%	20.00%	7.14%	50	0.00%	22.73%	16.67%	88.89%	80.00%	407.26%
Dec '20	Total samples received: 147	99	5	121	9	39	51	10	53	118	60	9	1	
	Number fails: 5	8	0	9	0	4	2	1	1	12	9	4	0	
	% Failed: 3%	8%	0%	7%	0%	10%	4%	10%	2%	10%	15%	44%	0%	8.82%

NTRK and fusion for December include GOSH technical reporting also.

Sample numbers included to reflect increase in % failed due to low sample numbers.

Data does not take into account the number of samples with low cellularity and low tumour content e.g. lung samples.

RMH Solid Tumour Response to User Survey 2020 - Version: 1.0. Index: GEN-007. Printed: 18-Mar-2021 13:55

## Appendix B:

### Summary of responses from Users:

1. I have seen the latest version of the RMH Service Specification Document (v1.2)

**YES: 72.00% (18)**

**NO: 28.00% (7)**

2. The RMH Service Specification is useful (if no, please provide reasons for your answer)

**YES: 79.17% (29)**

**NO: 20.83% (4)**

3. How satisfied are you with the overall service provided by RMH Clinical Genomics?

**VERY SATISFIED: 14.29% (3)**

**SATISFIED: 42.86% (9)**

**NEITHER SATISFIED NOR UNSATISFIED: 9.52% (2)**

**SOMEWHAT UNSATISFIED: 23.81% (5)**

**NOT SATISFIED AT ALL: 9.52% (2)**

4. The RMH Clinical Genomics team responds to users' service needs and responds in a timely manner:

**STRONGLY AGREE: 30.43% (7)**

**AGREE: 39.13% (9)**

**NEITHER AGREE NOR DISAGREE: 13.04% (3)**

**DISAGREE: 13.04% (3)**

**STRONGLY DISAGREE: 4.35% (1)**



5. The RMH Clinical Genomics test repertoire meets my requirements:

<b>STRONGLY AGREE:</b>	<b>16.00%</b>	<b>(4)</b>
<b>AGREE:</b>	<b>52.00%</b>	<b>(13)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>16.00%</b>	<b>(4)</b>
<b>DISAGREE:</b>	<b>8.00%</b>	<b>(2)</b>
<b>STRONGLY DISAGREE:</b>	<b>8.00%</b>	<b>(2)</b>

6. Please indicate which clinically relevant tests you would like to see added to the RMH Clinical Genomics repertoire:

**As listed in OVERVIEW OF SERVICE above.**

7. What improvements to the service would you suggest?

**Key themes summarised in OVERVIEW OF SERVICE above and addressed throughout.**

8. The RMH Order & View system has improved sample tracking, ease of test requesting and access to results:

<b>STRONGLY AGREE:</b>	<b>23.53%</b>	<b>(4)</b>
<b>AGREE:</b>	<b>23.53%</b>	<b>(4)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>47.06%</b>	<b>(8)</b>
<b>DISAGREE:</b>	<b>5.88%</b>	<b>(1)</b>
<b>STRONGLY DISAGREE:</b>	<b>0.00%</b>	

9. I know who my local O&V system administrators are and their responsibilities:

<b>YES:</b>	<b>33.33%</b>	<b>(6)</b>
<b>NO:</b>	<b>66.67%</b>	<b>(12)</b>

10. The RMH Clinical Genomics request form (Electronic and/or Paper) is clear and easy to complete:

<b>STRONGLY AGREE:</b>	<b>15.79%</b>	<b>(3)</b>
<b>AGREE:</b>	<b>21.05%</b>	<b>(4)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>36.84%</b>	<b>(7)</b>
<b>DISAGREE:</b>	<b>21.05%</b>	<b>(4)</b>
<b>STRONGLY DISAGREE:</b>	<b>5.26%</b>	<b>(1)</b>

11. I have been provided with the latest version of the Clinical Genomics request form (version 4):

<b>YES:</b>	<b>61.11%</b>	<b>(11)</b>
<b>NO:</b>	<b>38.89%</b>	<b>(7)</b>

12. I am aware of Solid Tumour sample requirements and/or know who to contact for advice:

<b>YES:</b>	<b>76.19%</b>	<b>(16)</b>
<b>NO:</b>	<b>23.81%</b>	<b>(5)</b>

13. The RMH Clinical Genomics report meets clinical needs:

<b>STRONGLY AGREE:</b>	<b>25.00%</b>	<b>(5)</b>
<b>AGREE:</b>	<b>35.00%</b>	<b>(7)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>20.00%</b>	<b>(4)</b>
<b>DISAGREE</b>	<b>15.00%</b>	<b>(3)</b>
<b>STRONGLY DISAGREE:</b>	<b>5.00%</b>	<b>(1)</b>

14. The information provided on the request form is included in the reports correctly:

<b>STRONGLY AGREE:</b>	<b>20.00%</b>	<b>(4)</b>
<b>AGREE:</b>	<b>50.00%</b>	<b>(10)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>30.00%</b>	<b>(6)</b>
<b>DISAGREE / STRONGLY DISAGREE:</b>	<b>0.00%</b>	

15. Do the individual laboratory reports provide satisfactory information on the following:

	YES	NO
REJECTED SPECIMENS	82.35% (14)	17.65% (3)
SAMPLE QUALITY THAT MIGHT AFFECT RESULTS	94.12% (16)	5.88% (1)
CRITICAL RESULTS	76.47% (13)	23.53% (4)
CLINICAL AND INTERPRETIVE COMMENTS	76.47% (13)	23.53% (4)

16. Enquiries directed to the Clinical Genomics Central Specimen Reception are dealt with in a prompt and efficient manner:

**STRONGLY AGREE:** 31.58% (6)

**AGREE:** 21.05% (4)

**NEITHER AGREE NOR DISAGREE:** 47.37% (9)

**DISAGREE / STRONGLY DISAGREE:** 0.00%

17. It is clear who I need to contact within the department regarding specific queries and those communication channels are always available:

**STRONGLY AGREE:** 35.00% (7)

**AGREE:** 30.00% (6)

**NEITHER AGREE NOR DISAGREE:** 25.00% (5)

**DISAGREE** 10.00% (2)

**STRONGLY DISAGREE:** 0.00%

18. Communication regarding changes to service between RMH Clinical Genomics and users is timely and clear:

**STRONGLY AGREE:** 25.00% (5)

**AGREE:** 30.00% (6)

**NEITHER AGREE NOR DISAGREE:** 40.00% (8)

**DISAGREE** 5.00% (1)

**STRONGLY DISAGREE:** 0.00%

19. I feel encouraged to raise service issues as they arise and feel confident that suggestions are considered and implemented appropriately:

<b>STRONGLY AGREE:</b>	<b>40.00%</b>	<b>(8)</b>
<b>AGREE:</b>	<b>20.00%</b>	<b>(4)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>30.00%</b>	<b>(6)</b>
<b>DISAGREE</b>	<b>10.00%</b>	<b>(2)</b>
<b>STRONGLY DISAGREE:</b>	<b>0.00%</b>	

20. It is easy to contact the laboratories to obtain scientific advice and interpretation:

<b>STRONGLY AGREE:</b>	<b>45.00%</b>	<b>(9)</b>
<b>AGREE:</b>	<b>25.00%</b>	<b>(5)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>30.00%</b>	<b>(6)</b>
<b>DISAGREE / STRONGLY DISAGREE:</b>	<b>0.00%</b>	

21. Departmental staff are friendly, helpful and provide a proficient and professional service:

<b>STRONGLY AGREE:</b>	<b>45.00%</b>	<b>(9)</b>
<b>AGREE:</b>	<b>40.00%</b>	<b>(8)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>15.00%</b>	<b>(3)</b>
<b>DISAGREE / STRONGLY DISAGREE:</b>	<b>0.00%</b>	

22. I am aware of the expected TATs for all elements of the Solid Tumour service:

<b>STRONGLY AGREE:</b>	<b>30.00%</b>	<b>(6)</b>
<b>AGREE:</b>	<b>35.00%</b>	<b>(7)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>20.00%</b>	<b>(4)</b>
<b>DISAGREE</b>	<b>10.00%</b>	<b>(2)</b>
<b>STRONGLY DISAGREE:</b>	<b>5.00%</b>	<b>(1)</b>

23. Urgent referrals: Results are available within the turnaround times stated in the RMH Clinical Genomics Service Specification:

<b>STRONGLY AGREE:</b>	<b>15.79%</b>	<b>(3)</b>
<b>AGREE:</b>	<b>10.53%</b>	<b>(2)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>57.89%</b>	<b>(11)</b>
<b>DISAGREE</b>	<b>15.79%</b>	<b>(3)</b>
<b>STRONGLY DISAGREE:</b>	<b>0.00%</b>	

24. Standard / non-urgent referrals: Results are available within the turnaround times stated in the RMH Clinical Genomics Service Specification:

<b>STRONGLY AGREE:</b>	<b>20.00%</b>	<b>(4)</b>
<b>AGREE:</b>	<b>15.00%</b>	<b>(3)</b>
<b>NEITHER AGREE NOR DISAGREE:</b>	<b>35.00%</b>	<b>(7)</b>
<b>DISAGREE</b>	<b>30.00%</b>	<b>(6)</b>
<b>STRONGLY DISAGREE:</b>	<b>0.00%</b>	

25. I have seen an improvement in the TAT conformance for integrated reporting from the previous year:

<b>YES:</b>	<b>47.37%</b>	<b>(9)</b>
<b>NO:</b>	<b>21.05%</b>	<b>(4)</b>
<b>UNKNOWN:</b>	<b>31.58%</b>	<b>(6)</b>

26. Please provide an overall review on the service provided:

**As listed above. Thank you.**