**National Genomic Test Directory**

**Rare and Inherited Disease**

**FEEDBACK FORM**

Please complete all fields below.

Completed forms should be emailed to Genomics.Office@hse.ie

|  |  |  |
| --- | --- | --- |
|  | *Date* |  |
| 1. Name of Person providing feedback
 |  |
| 1. Email address
 |  |
| 1. Contact number in case of queries (mobile number required)
 |  |
| 1. Comment or feedback (Please specify the clinical indication where appropriate).
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