**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](mailto: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). | | |