

PHN / Healthcare Number		Accession #		Molecular Diagnostic Laboratory Requisition				LABORATORY MEDICINE AND PATHOLOGY Client Response Centre (780) 407-7484 CAPITAL HEALTH REGION LABORATORIES DynaLIFE DX		
<input type="checkbox"/> M Patient Legal Name (Last) (First) (Initial) <input type="checkbox"/> F		DOB		DD	MM	YY	<input type="checkbox"/> Copy to Name _____ Physician Code _____ Address _____			
Address City Prov.				Postal Code				Bill Type CPL <input type="checkbox"/> Alberta Health Care <input type="checkbox"/> PRIORITY (specify tests) OR CO <input type="checkbox"/> Company OT <input type="checkbox"/> Out of Prov XX <input type="checkbox"/> Pre-paid PB <input type="checkbox"/> Patient Bill Co. name _____ Address _____ Phone to _____ Client # _____		
Chart #		Patient Phone #		Lab #						
Ordering Physician / Practitioner				Physician Code		Specimen Event Type				
Ordering Address / Location				Report Location Code		IA <input type="checkbox"/> AUXILIARY IP <input type="checkbox"/> IN PT OP <input type="checkbox"/> OUT PT AP <input type="checkbox"/> AMBUL HC <input type="checkbox"/> HMCARE ST <input type="checkbox"/> STAFF EN <input type="checkbox"/> ENVIRON WCB <input type="checkbox"/> WORKER'S COMP				
Report address if different				1. INDICATION MUST BE PROVIDED BEFORE ANY GENETIC TESTING CAN BE DONE. 2. RESULTS WILL ONLY BE PROVIDED IF ALL THE RELEVANT SECTIONS OF THE REQUISITION ARE COMPLETELY FILLED OUT.						
Date specimen collected DD MM YY		Col. Location								
TIME (24 h)		Collector								

SPECIMENS

Blood
 15 mL EDTA (mauve top)
 3 mL EDTA up to 1 year of age (then 3 mL / kg to a max. of 15 mL)

CVS: 10 mg minimum - _____ mg
 Amniotic: Fluid 25 mL min. _____ mL
 Other (specify) _____

Date Specimen Drawn _____

Recent Transfusion (date if known) _____

Ethnic background _____

Your reference No. _____

UAHMDL reference No. _____

Family Doctor _____

PEDIGREE:

A pedigree minimally indicating (with names) parents, sibs and children **MUST** accompany this requisition.

TEST REQUESTED

ALS Amyotrophic Lateral Sclerosis
 ATRX Alpha Thal Mental Retardation
 ANGS Angelman Syndrome
 CF Cystic Fibrosis
 DVS Del 22q11.21 - 23 (Di George and Velocardiofacial Syndromes)
 ED2 Hidrotic Ectodermal Dysplasia
 FRAX Fragile X
 HC Hemochromatosis
 HOKPP Hypokalemic Periodic Paralysis
 HUNT Huntington Disease
 LCAD Long Chain Acyl-CoA Dehydrog Def
 MCAD Med Chain Acyl-CoA Dehydrog Def
 MTHFR Methylene Tetrahydrofolate Reductase Deficiency
 MYD Myotonic Dystrophy
 NHL Non-syndromic Hearing Loss
 OPMD Oculopharangeal Muscular Dystrophy
 PRSS Hereditary Pancreatitis
 PWS Prader-Willi Syndrome
 SPMA Spinal Muscular Atrophy
 TORD Torsion Dystonia-1
 WMS Williams Syndrome
 UPD Uniparental Disomy (parental samples required) (specify chromosome) _____
 HCA Hereditary Cancer: (ordering restricted to Edmonton and Calgary genetics clinics) (specify) _____
 MDG Other (specify name and MIM#) _____

INDICATION: (Check all relevant boxes)

Prenatal Testing (specify LMP) yy ____ / mm ____ / dd ____

Confirmation of clinical diagnosis

Presymptomatic testing

Carrier status

Bank sample until further notice

Other _____

Clinical Features / Comments _____

FAMILY HISTORY: (Required)

Other family members tested previously?
 Yes No

INDEX Patient Name _____

I have reviewed the points on the back of this form, as well as the benefits and limitations of genetic testing with the patient / guardian. I have answered all the patient's / guardian's questions and have obtained verbal consent to order the above test(s).

Physician / Genetic Counsellor

print name _____

signature _____

SEE BACK OF FORM

MDL USE ONLY

Patient No. _____

Family No. _____

Received _____

We recommend that the following points be discussed with the patient and / or guardian(s) prior to ordering molecular testing through the Molecular Diagnostic Laboratory at the Stollery Children's Hospital.

1. Blood or tissue samples (ex. amniotic fluid, chorionic villi) will be collected and DNA will be extracted. After the test(s) is completed, any remaining DNA will be banked in the laboratory.
2. Current testing may not be able to detect all genetic mutations associated with the suspected condition. The accuracy, implications and limitations of this testing should be reviewed prior to testing.
3. DNA analysis is limited to the requested test and cannot rule out all other genetic conditions or mutations. The correct clinical diagnosis is important for accurate DNA results.
4. Improved or additional testing may become available either because of changes in laboratory techniques or because of new information regarding the genetic cause of the condition(s). In some cases, when improved or additional testing becomes available at the Molecular Diagnostic Laboratory at the Stollery Children's Hospital, the patient's DNA may be re-tested. When possible, the patient and / or ordering physician will be contacted if a mutation or clinically significant gene change is identified.
5. Confidentiality will be maintained to the best of our ability as required by the applicable health privacy laws and the College of Physicians and Surgeons of Alberta. The results may be used anonymously to help interpret test results for other family members. Information that DNA has been banked may be shared to prevent needless repeat blood drawing.
6. DNA testing may reveal information about genes or gene changes other than the requested genetic test. The significance of such a gene change may be unclear. DNA testing may also uncover non-paternity or an undisclosed adoption. Accurate test results depend on knowing the correct relationship between family members.
7. DNA may be given to research centres, with appropriate research ethics board approval, to help further research. Identifying patient information will be kept confidential.
8. Participation in genetic testing is completely voluntary. The patient may withdraw consent or request that their DNA sample be discarded at any time.
9. DNA testing may result in some forms of discrimination (insurance, employment or other).
10. Testing is based on the current level of knowledge in medical genetics. It is the patient and / or physician's responsibility to periodically seek up-dated information especially before any reproductive decisions are made. The patient is responsible for keeping their physician(s) informed of address changes and new medical and family history information.