

# Genetics and Genomics Biochemical Genetics Requisition

For detailed testing information, refer to **APL Genetics & Genomics Webpage**  
(<http://ahsweb.ca/lab/if-lab-genetics-and-genomics>) and **APL Test Directory**  
(<http://ahsweb.ca/lab/apl-td-lab-test-directory>)

Scanning Label or Accession # *(lab only)*

<b>Patient</b>	PHN		Date of Birth <i>(dd-Mon-yyyy)</i>		
	Expiry: _____				
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
Address		City/Town	Prov	Postal Code	
<b>Provider(s)</b>	Authorizing Provider Name <i>(last, first, middle)</i>		Copy to Name <i>(last, first, middle)</i>	Copy to Name <i>(last, first, middle)</i>	
	Address		Phone	Address	
	CC Provider ID	CC Submitter ID	Legacy ID	Phone	
	Clinic Name		Clinic Name	Clinic Name	
<b>Collection</b>	Date <i>(dd-Mon-yyyy)</i>	Time <i>(24 hr)</i>	Location	Collector ID	
	<b>Hours Fasted</b>	Urine Collection	<input type="checkbox"/> Random	<input type="checkbox"/> 24 hour, Total Volume _____	

## Clinical Information

Provide all relevant clinical information (e.g., key clinical features, family history, suspected/known diagnoses, medications, diets or therapies). This information will be used to ensure accurate test result interpretation.

**NOTE:** failure to provide sufficient justification for **Specialty** testing may result in test cancellation.

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TPN *(within last 72 hrs)*       Transfusion *(within last 120 days)*

## Frontline Investigations

**Strict attention to specimen collection and handling is required.** Refer to **APL Test Directory** for details.

<sup>F</sup> Denotes a Fasting Requirement, <sup>IP</sup> Denotes Immediate Processing Required

<input type="checkbox"/> Acylcarnitine Profile, Blood <sup>F</sup> <input type="checkbox"/> Acylcarnitine Profile, Dried Blood Spot <sup>F</sup> <input type="checkbox"/> Amino Acids Quantitation, Plasma <sup>F</sup> <input type="checkbox"/> Beta-Hydroxybutyrate (Metabolic Disorders) <input type="checkbox"/> Carnitine, Total and Free, Blood <sup>F</sup> <input type="checkbox"/> Cystinuria / Homocystinuria Screen <input type="checkbox"/> random <input type="checkbox"/> 24 h <input type="checkbox"/> Galactosemia Screen <input type="checkbox"/> Mucopolysaccharide (Glycosaminoglycan) Screen	<input type="checkbox"/> Oligosaccharides Screen <input type="checkbox"/> Organic Acids, Screen <input type="checkbox"/> Organic Acids, Semi-Quantitative <input type="checkbox"/> Reducing Substances, Urine <input type="checkbox"/> Sulfite Screen <sup>IP</sup> <input type="checkbox"/> Very Long Chain & Branched Chain Fatty Acids <sup>F</sup>
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<b>Last Name</b> <i>(Legal)</i>	<b>First Name</b> <i>(Legal)</i>
<b>PHN</b>	

Specialty Investigations and Monitoring	Specialty Enzyme
<input type="checkbox"/> 3-Methylglutaconic & 3-Methylglutaric Acids, Blood <sup>F</sup> <input type="checkbox"/> 3-Methylglutaconic & 3-Methylglutaric Acids, Urine <input type="checkbox"/> 7-Dehydrocholesterol, Blood <sup>F</sup> <input type="checkbox"/> Amino Acids Quantitation, CSF Amino Acids Quantitation, Urine <input type="checkbox"/> random <input type="checkbox"/> 24 h <input type="checkbox"/> Branched Chain Amino Acids Monitoring, Dried Blood Spot <input type="checkbox"/> Carnitine, Total and Free, Urine <input type="checkbox"/> Citrulline Monitoring, Dried Blood Spot Cystinuria Monitoring <input type="checkbox"/> random <input type="checkbox"/> 24 h <input type="checkbox"/> Half Cystine Quantitation <sup>IP</sup> <input type="checkbox"/> Homocysteine, Total, Blood (Metabolic Disorders) <sup>F</sup> Homocysteine, Total, Urine <input type="checkbox"/> random <input type="checkbox"/> 24 h <input type="checkbox"/> Methylmalonic Acid, Blood <sup>F</sup> <input type="checkbox"/> Methylmalonic Acid, Urine <input type="checkbox"/> Mucopolysaccharidosis (MPS) Investigation <input type="checkbox"/> N-Acetylaspartic Acid <input type="checkbox"/> Orotic Acid <input type="checkbox"/> Phenylalanine and Tyrosine Monitoring, Dried Blood Spot <input type="checkbox"/> Phenylalanine and Tyrosine Monitoring, Plasma <input type="checkbox"/> Pipecolic Acid, Blood <sup>F</sup> <input type="checkbox"/> Pipecolic Acid, CSF <input type="checkbox"/> Pipecolic Acid, Urine <input type="checkbox"/> Quantitative Total GAGs (Monitoring) <input type="checkbox"/> S-Adenosylmethionine and S-Adenosylhomocysteine <sup>F, IP</sup> <input type="checkbox"/> Sialic Acid, Total and Free, Urine <input type="checkbox"/> Sugar Identification, Urine <input type="checkbox"/> Tyrosinemia Monitoring, Dried Blood Spot	<input type="checkbox"/> Alpha-Galactosidase (Fabry), Plasma <input type="checkbox"/> Alpha-Glucosidase (Pompe) <input type="checkbox"/> Beta-Galactosidase (GM1 / Morquio B) <input type="checkbox"/> Beta-Glucosidase (Gaucher) <input type="checkbox"/> Biotinidase <input type="checkbox"/> Galactocerebrosidase (Krabbe) <input type="checkbox"/> Hexosaminidase (Tay-Sachs / Sandhoff) <input type="checkbox"/> I-Cell Disease <input type="checkbox"/> Tay-Sachs CARRIER Testing
	Test Requests for Referred Out Testing
	<p>Use APL Test Directory for commonly ordered referred out tests; for miscellaneous tests, please contact Client Services (1-877-868-6848) for additional information.</p> <div style="border: 1px solid black; height: 400px; width: 100%;"></div>