PHN / Healthcare Number

Accession #

Molecular Diagnostic Laboratory Requisition

LABORATORY MEDICINE AND PATHOLOGY
Client Response Centre (780) 407-7484
CAPITAL HEALTH REGION LABORATORIES
DynaLIFE DX

☐ M ☐ F | Patient Legal Name (Last) (First) (Initial) | DOB DD MM YY

Address | City | Prov. | Postal Code

Chart # | Patient Phone # | Lab #

☐ Copy to
Name _____
Physician Code _____
Address _____
_____

Ordering Physician / Practitioner | Physician Code

Ordering Address / Location | Report Location Code

Report address if different

Specimen Event Type
IA ☐ AUXILLARY
IP ☐ IN PT
OP ☐ OUT PT
AP ☐ AMBUL
HC ☐ HMCARE
ST ☐ STAFF
EN ☐ ENVIRON
WCB ☐ WORKER'S COMP

Bill Type CPL ☐ Alberta Health Care
OR
CO ☐ Company OT ☐ Out of Prov
XX ☐ Pre-paid PB ☐ Patient Bill
Co. name _____
Address _____
_____
Client # _____

☐ PRIORITY
(specify tests)

Phone to _____

Date specimen collected DD MM YY | Col. Location

TIME (24 h) | Collector

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.

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 _____

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 _____
_____
_____
_____

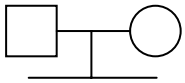
FAMILY HISTORY: ***(Required)***

Other family members tested previously?
☐ Yes ☐ No

INDEX Patient Name _____

PEDIGREE:

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



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

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#)
_____

MDL USE ONLY

Patient No. _____
Family No. _____
Received _____

Alberta Health Services

Pre-test Counselling Information
Molecular Genetic Diagnostic Testing

Covenant Health

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.