NORTH YORK GENERAL
Making a World of Difference

Molecular Genetics Laboratory Requisition Form

4001 Leslie Street 3SE-186, Toronto, ON M2K1E1
Phone: (416) 756-6791 Fax: (416) 756-6197
www.nygh.on.ca/genetics/labs

Patient information*/Place Stamp Here*

***Patient Name:**_____
(Last) (First)

***D.O.B.:** _____ ***Sex: M / F**
yyyy / mm / dd

***Health Card#:**_____

Address:_____

Postal code:_____ **Phone:**_____**(****required***)**

The DNA extracted from the patient's specimen (blood or tissues) will be destroyed one year after the test is reported. Some residual specimens may be used anonymously in the lab for test development or quality assurance purposes, unless waived by the patient.
I wish to waive the usage of my specimen by the lab. Patient/designate signature_____, Date _____

Specimen Collection Centre: **Collection Date (yy/mm/dd):**

Specimen Requirements

Blood
- ☐ EDTA (lavender) 7 cc
  (pediatric samples 3 cc)

Prenatal specimen
- ☐ Amniotic fluid 10 cc
- ☐ Cultured amniocytes 2 x T25 flasks
- ☐ CVS 10-20 mg cleaned villi on ice

- ☐ DNA (1 - 5 µg):
  Tissue source_____
- ☐ Paraffin-embedded tissue slices
  (5 µm slices, minimum 10 slices)

Other (specify):

Molecular Genetics Tests

- ☐ Familial Thrombophilia
  - Factor II c.*97G>A *and* Factor V Leiden
- ☐ Hemochromatosis
  - C282Y *and* H63D

FMR1 (Fragile X Mental Retardation 1)-related Disorders:
- ☐ Fragile X syndrome
- ☐ Fragile X-associated tremor/ataxia syndrome
- ☐ Fragile X-associated premature ovarian insufficiency

Uniparental disomy:
- ☐ UPD14
- ☐ UPD15

Identity:
- ☐ Maternal Cell Contamination
- ☐ Specimen Misidentification

- ☐ Dentatorubro-pallidoluysian Atrophy (DRPLA)
- ☐ Friedreich Ataxia (FRDA)
- ☐ Huntington Disease (HD)
- ☐ Oculopharyngeal Muscular Dystrophy (OPMD)
- ☐ Spinal Bulbar Muscular Atrophy (SBMA)
- ☐ Spinocerebellar Ataxia (SCA) Panel OR
  - ☐ SCA1
  - ☐ SCA2
  - ☐ SCA3 (Machado-Joseph Disease)
  - ☐ SCA6
  - ☐ SCA7
  - ☐ SCA8
  - ☐ SCA17

☐ Infertility: Y Chromosome Microdeletion (Non-OHIP covered test, a laboratory test fee is applicable)

Information Requested/Reason for Referral

- ☐ Diagnostic testing *(patient has symptoms of disorder)*
- ☐ Predictive testing (*referral to genetics clinic is recommended*)
- ☐ Carrier status (*family history of this disorder*)
- ☐ Prenatal diagnosis
- ☐ Other:

Patient/Family Information

Have samples from this patient or family been sent to this DNA lab before? ☐ No ☐ Yes

If Yes, Name: _____

Relationship to your patient: _____

Pregnancy Info

LMP:_____
yyyy / mm / dd

Report to: (Physician Information)

Name _____ Phone (__) _____ Fax (__) _____

Address _____ City _____ Province/Postal Code _____

Signature _____

Cc:
Name: _____
Address: _____
Phone (__) _____
Fax (__) _____

NYGH LAB USE ONLY

MG.99.800v11.1

Ped #:_____ **Lab Label:** **Date received:**

Sample Requirements

Requisition

Complete this Requisition completely including:

- Patient information: patient's name, date of birth, gender, address and Ontario Health Card number
- Specimen information: specimen type, sample collection centre and date of collection
- Test(s) requested
- Information Requested/Reason for Referral
- Patient/Family and Pregnancy information
- Referring physician name, address, phone and fax numbers, and signature
- Any other relevant information

Sample Requirements

- Minimum quantity of sample required is indicated on the requisition.
- Label specimen containers with the individual's first and last names and date of birth.
- If the patient has had a blood transfusion, a minimum of 3 weeks between the time of transfusion and blood collection for molecular testing is required.
- Tissue samples must be collected in Phosphate buffered saline (PBS).
- **When cutting slices of paraffin-embedded tissue, please ensure that the microtome is cleaned well before use and re-cleaned between cutting each block. This is to prevent contamination of samples with DNA from other samples**.

Please note:

- ***Specimens received for testing in the incorrect anti-coagulant will be rejected.***
- ***Blood specimens from patients who have had an allogenic transplant (bone marrow or stem cell) will not be accepted.***

Shipping Instructions

- Ship specimens at **room temperature** by overnight courier such that the specimen arrives in the Laboratory Monday to Friday
  Note: tissue samples should be sent on **ice

- Samples should be shipped as soon as possible after collection

- Specimens held for a few days prior to shipping should be maintained at 4ºC

- When shipping specimens, follow the regulations of the Transportation of Dangerous Goods Act (1992, C.34)