



**NORTH YORK GENERAL**

*Making a World of Difference*

### Pharmacogenetic Requisition

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

*Patient information/Place Label Here*

**Patient Name:** \_\_\_\_\_  
(Last) (First)

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

**Health Card#:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

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 residual specimen by the lab.*

Patient/designate signature \_\_\_\_\_, Date \_\_\_\_\_

### Specimen Collection

Specimen Collection Centre: \_\_\_\_\_

Collection date (yyyy/mm/dd): \_\_\_\_\_

### Specimen Requirements

Blood 7 mL EDTA (lavender)

### Test

Dihydropyrimidine Dehydrogenase (*DPYD*) Genotype:

- c.1905+1G>A (*DPYD*\*2A)
- c.2846A>T (*DPYD*\*9B)
- c.1679T>G (*DPYD*\*13)
- c.1129-5923C>G

### Referring Physician:

### Copy report to:

Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

### NYGH LAB USE ONLY

Date received:

Ped #: \_\_\_\_\_ Lab Label: \_\_\_\_\_

# Sample Requirements

## Requisition

Complete this Requisition including:

- Patient information: patient's name, date of birth, sex and Ontario Health Card number.
- Specimen information: specimen type, sample collection centre and date of collection.
- Test requested.
- Please print referring physician name, address, phone and fax numbers. Signature is required.
- Any missing information may delay the test.

## Sample Requirements

**NOTE: Referred in blood samples will NOT be drawn at NYGH**

- Minimum quantity of sample required is indicated on the requisition. Specimens received in the incorrect anti-coagulant will be rejected.
- Label specimen containers with at minimum 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.
- 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
- Samples should be shipped as soon as possible after collection
- Specimens held for a few days prior to shipping should be maintained at 4°C
- When shipping specimens, follow the regulations of the Transportation of Dangerous Goods Act (1992, C.34)