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

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:

Name: _____
Hospital: _____
Address: _____
City: _____ Province/Postal Code: _____
Tel: _____ Fax: _____

Signature _____

Copy report to:

Name: _____
Address: _____
_____
Tel: _____
Fax: _____

NYGH LAB USE ONLY

Date received:

Ped #:_____ **Lab Label:**

Requirements

NYGH Genetics Laboratories Terms & Conditions can be found on our website at https://www.nygh.on.ca/areas-care/genetics/genetics-forms-and-additional-information.
These Terms & Conditions must be reviewed prior to placing an order.

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 4ºC
- When shipping specimens, follow the regulations of the Transportation of Dangerous Goods Act (1992, C.34)