NORTH YORK GENERAL

Molecular Genetics 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

Patient Name: _____
(Last) (First)

Date of Birth: _____
yyyy / mm / dd

Sex at birth: ☐ **Male** ☐ **Female** ☐ **Intersex**

Gender (if different from above): _____

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 specimen by the lab. Patient/designate signature _____, Date _____

Specimen Collection Centre:
(Blood may be drawn at a community blood collection centre)

Collection Date (yyyy/mm/dd):

Sample Information

☐ Blood	7 mL EDTA (lavender) 3 mL EDTA infant	Prenatal specimen:		☐ FFPE curls	5 µm x 10
☐ DNA	1 - 5 µg tissue source: _____	☐ Amniotic fluid	10 mL	☐ FFPE slides	5 µm x 4 plus one H&E staining slide
		☐ Cultured amniocytes	2 x T25 flasks	☐ Tissue	_____
		☐ CVS	10-20 mg cleaned villi on ice		

Tests

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

☐ Hereditary Hemochromatosis (see testing criteria on page 2)
- C282Y *and* H63D

☐ Fragile X syndrome (FXS)
☐ Fragile X-associated premature ovarian insufficiency (FXPOI)

☐ Molar Pregnancy
☐ Maternal Cell Contamination
☐ Specimen Misidentification
☐ Uniparental disomy 14 (UPD14)
☐ Uniparental disomy 15 (UPD15)

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

Neurological Disorders:
☐ C9orf72-related disorders
☐ Dentatorubro-pallidoluysian atrophy (DRPLA)
☐ Fragile X-associated tremor/ataxia syndrome (FXTAS)
☐ 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

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 information

Gestation age: _____ weeks

Referring Physician

Name _____

Address _____

Phone _____ Fax _____

Signature _____

Copy report to

Name: _____

Address: _____

Phone _____ 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 at birth, gender (if different from sex) 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.
- Please print referring physician name, address, phone and fax numbers. Signature is required.
- Any missing information may delay the test.

Hemochromatosis diagnostic testing criteria

- Ferritin level above the upper limit of the normal reference range, AND
- Transferrin saturation level above 45%

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.
- Tissue samples must be collected in phosphate buffered saline (PBS).
- FFPE tissue samples (Do not send blocks):
  - ✓ FFPE curls: Ten 5 µm tissue curls sequentially cut from FFPE blocks
  - ✓ FFPE slides for molar pregnancy testing: Four slides sequentially cut of 5 µm thickness plus one H&E slide with **villous (F)** and **decidual (M)** areas clearly marked.

Please note:
Slides will not be returned.
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.

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)