MOLECULAR GENETICS LABORATORY Requisition

BC Children's Hospital & BC Women's Hospital

www.genebc.ca

Facility Code L1050 2J40 - 4500 Oak Street Vancouver, BC V6H 3N1

Phone (604) 875-2852 Fax (604) 875-2707 moleculargenetics@cw.bc.ca **CWHCBC MISYS** LABEL ONLY

MOLECULAR LAB LABEL ONLY

Ordering Physician						Patient Information								
Last Name First Name			e Billing #			Last Name First					First and	t and Middle Names		
Address					1	Gender					Date of Birth (DD/MMM/YY)			
						☐M ☐F ☐UNK								
Phone Fax											Referring	erring Hospital ID Referring Clinic ID		
						, ,								
						Address								
Contact Person Phone						Address								
Copy Physician				Billing #	F					atient Phone Number				
Copy Physician					Billing #							audit i fidilo i talliboi		
Copy Physician				Billing #	Eligible for BC Medical Services Plan (MSP) billing?									
12 7:50						\square Yes \square No \rightarrow If no , see <u>website</u> or call for supplementary billing form.						tary billing form.		
Sample Type						Collection Details								
For all fetal samples, use the Prenatal Genetics I				quisition		Date Collected (DD/MMM/YY)			Collector's Initials					
☐ EDTA Blood Unless otherwise indicated, draw 7 mL (mi.			L (min 3 n	nL) & ship a						COLLECTION LAB				
temperature														
	☐ Bone Marrow ☐ DNA from: Sam			ID:						LABE	LONLY			
ш	DNA from: Sample ID: (tissue type)			ID		Time Collecte				Request #				
					#:									
Reason For Testing					(Coo website f	Test(s) Re			ما ا	maliau)				
	REQUIRED Confirmation of Diagnosis			Achondr		or test details,	guide	Muenke						
	Carrier Testing				une Thrombocytoper	nia (Hpa-1) 🛨			-	trophy Type 1				
	Testing of minors: see MGL policy				, ,				geal Muscular Dystrophy					
	Prenatal Diagnosis Contact MGL prior to order			Ashkena	+ Periodic Fever Syndromes +			=						
	Presymptomatic Testing			Brugada	Syndrome +			☐ Famil	ial M	editerranean Fe	ver	R A		
May require genetic counselling:			CADASI	Hyper IgD Syndrome				11//	GL					
see <u>website</u>			_	Charcot-	A					IVI				
Patient Ethnicity				Chimeris Cystic F		Prader-Willi Syndrome			C IPO/6)					
Partner:			_	Dystonia	/ (DYT1)	Sensorineural Hearing Loss (GJB2/6)Spinal Muscular Atrophy (SMA)								
i aitilei.				Dystropi		Spinobulbar Muscular Atrophy (SBMA)								
Partner PHN:			FΛ	//R1-Relate		☐ Spinocerebellar Ataxia Panel								
				☐ Fra		(SCA1,2,3,6,7)								
Will this testing alter the management of an				_	ficiency									
ongoing pregnancy? Yes No			- 1	☐ FX1				hyretin Amyloidosis						
If yes, provide the following: LMP (DD/MMM/YY):			_	Friedreid	Uniparental D by Type 1 +			Ch7 Ch14 Ch15						
LIVII (DD/WIWWW/TT).				Glycine				cht-Lundborg Disease				$C\Gamma$		
Name & Relationship:				,	,	X-linked Ichthyosis (STS Deficiency)								
			He	emoglobin	X-linked I			•						
PHN:				☐ Alpl					ction Only •					
	O.I			_	a Thalassemia			Reason	(REC	QUIRED):				
	elevant Clinical/Family vide Name, DoB, PHN & relations			_	noglobin S,E,C	·								
indi	vidual(s) relevant to interpretation		ed ne	•	sease of the Newbor RhC RhE			Other:						
test	(5).			_	iilia A 🛨 💿			Outlott _						
				•	ilia B 🛨 🔵									
			Heredita	ondromatosis										
					iability to									
				Pressu								$\mathbf{II} \mathbf{X}$		
			Heterota								NLY			
				Huntingt Hyp <u>er</u> ka	sis					4 - 1				
			Hyp <u>o</u> kal				quirements: see website							
			li	Hypocho	Available only to BC patient									
				<u>, </u>										
			-	Sando d	Dhi.ci co Ci	4			=	2-4-				
l		Ordering Physician Signature REQUIRED Date												