Alberta Health Services

Alberta Children's Hospital
MOLECULAR DIAGNOSTIC LABORATORY

2888 Shaganappi Trail NW
Calgary, Alberta T3B 6A8

Telephone: [403] 955-7026
Fax: [403] 955-7624

REQUISITION FOR MOLECULAR SERVICES

Requisition Date _____/____/____ (YYYY MM DD)

REFERRING GENETICIST / PHYSICIAN

Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____

Phone: _____ Fax: _____

Genetic Counselor / Clinic Contact: _____

Original reports will be sent only to the referring physician

Copies to be sent to: 1) _____ **2)** _____

Patient Information

HOSPITAL I.D. _____ D.O.B _____/____/____ (YYYY MM DD)

Name _____ Sex ____
Last First

HEALTH CARE NO _____

Address _____

City _____ Prov _____

Postal Code _____ Phone No. _____

Ethnic Background _____

Your Reference No. _____

MDL Reference No. _____

Other family members sent previously to MDL: ☐ No ☐ Yes

INDEX Patient Name _____

Is this patient or patient's partner pregnant? ☐ No ☐ Yes (LMP: ____/____/___) (YYYY MM DD)

MOLECULAR GENETIC TESTING Complete **ALL** Sections

The reason for testing must be provided before any genetic testing can be done.
*Testing will only be initiated if **ALL** the relevant sections of the requisition are completely filled out.*

I. Reason for Testing

- ☐ Carrier Status
- ☐ Presymptomatic Testing
- ☐ Confirmation of Clinical Diagnosis
- ☐ Required for Family Study (no Report will be issued)
- ☐ Store Sample only (no testing performed)
- ☐ Other _____

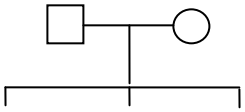
II. Medical History

- ☐ Symptoms of Indicated Disease in this Individual
- ☐ Asymptomatic (currently)
- ☐ Recent Transfusion / Transplant (date if known) _____

III. Family History of Indicated Disease

- ☐ No Family History
- ☐ Documented Family History
  Family Mutation: _____
- ☐ Possible Family History
- ☐ Unknown Family History

A pedigree indicating (with names) parents, siblings and children MUST accompany this requisition (*If more space is required attach a separate sheet).*



PARENTS

PATIENT and SIBLINGS

CHILDREN

IV. Test Requested

- ☐ Angelman Syndrome
- ☐ Charcot-Marie-Tooth
  - ☐ Type 1A ☐ Type 1B ☐ Type X
- ☐ Congenital Adrenal Hyperplasia
- ☐ CFTR-related Disorders
  - ☐ Cystic Fibrosis ☐ Infertility
  - ☐ Other _____
- ☐ FMR1-related Disorders
  - ☐ Fragile X ☐ FXTAS ☐ POF
- ☐ Friedreich's Ataxia
- ☐ Hereditary Cancer (specify) _____
- ☐ Hemochromatosis (Hereditary; HFE)
- ☐ Hereditary Neuropathy with Liability to Pressure Palsies
- ☐ Huntington Disease
- ☐ Mitochondrial Disorders
  - ☐ LHON ☐ MELAS ☐ MERRF
  - ☐ NARP ☐ Mit. deletion disorder
- ☐ Muscular Dystrophy
  - ☐ Duchenne ☐ Becker ☐ FSHD ☐ OPMD
- ☐ Myotonic Dystrophy
  - ☐ DM1 ☐ DM2
- ☐ Prader-Willi Syndrome
- ☐ Rett Syndrome
- ☐ Spinal & Bulbar Muscular Atrophy
- ☐ Spinocerebellar Ataxia
  - ☐ General Screen ☐ Specific _____
- ☐ Spinal Muscular Atrophy
- ☐ Thalassemia (attach Hematology reports)
  - ☐ Alpha ☐ Beta
- ☐ Other (specify name & MIM#) _____

This individual / family is aware of and consents to the test(s) requested.
I have reviewed the information on the back of this form with the patient.

Signed: _____
Geneticist / Physician

SUITABLE SPECIMENS

Date Sample Drawn: _____

☐ Blood collected in **EDTA (lavender top)**
- **10-15 ml (adults and children > 20kg)**
- 6.0 ml (children under 20kg)
- > 0.5 ml (neonate)

☐ Other (specify) _____

☐ Prenatal Specimens (circle one)
- CVS (10 mg minimum)
- Amniotic Fluid (25 ml minimum)
- Amniocytes (one confluent T25 flask minimum)

Mother's name: _____

MDL USE ONLY

Patient No:
Family No:
Received:
Quantity:

Distribution: White – Molecular Lab Yellow - Requisitioner

Pre-test Counseling Information
Molecular Genetic Testing

We recommend that the following points be discussed with the patient and/or guardian(s) prior to ordering molecular testing through the Molecular Diagnostic Laboratory.

1. Blood or tissue samples (for example, amniotic fluid, chorionic villi) will be collected and DNA will be extracted. Testing will be performed in this laboratory or in any other suitable laboratory approved by the Director. After testing has been completed, any remaining DNA will be banked in the laboratory.

2. Current testing may not be able to detect all genetic mutations associated with the suspected condition. The accuracy, implications and limitations of this testing should be reviewed prior to testing.

3. DNA analysis is limited to the requested test and cannot rule out other genetic conditions or mutations. The correct clinical diagnosis in this patient, or affected family members, is important for accurate DNA results.

4. Genetic testing can usually only be interpreted appropriately in the context of a family. It is therefore essential that we receive a comprehensive and accurate pedigree (family tree) that indicates all other known affected individuals or carriers of the condition and includes the names of all close relatives. When the genotypes (specific mutations) of individuals are known, these should be indicated on the pedigree. Requests for testing for some conditions will be refused if a suitable pedigree is not provided.

5. Testing is based on the current level of knowledge in medical genetics. It is the patient and/or physician's responsibility to periodically seek up-dated information especially before any reproductive decisions are made. Patients are responsible for keeping their physicians informed of address changes and new medical and family history information.

6. Improved or additional testing may become available either because of changes in laboratory techniques or because of new information regarding the genetic cause of the condition(s). It is the responsibility of the patient's physician(s) to initiate repeat testing.

7. DNA testing may reveal information about genes or gene changes other than the requested genetic test. The significance of such a gene change may be unclear. DNA testing may also uncover non-paternity or an undisclosed adoption. Accurate test results depend on knowing the correct relationship between family members.

8. Confidentiality will be maintained to the best of our ability as required by the applicable health privacy laws and the College of Physicians and Surgeons of Alberta. The results may be used anonymously to help interpret test results for other family members. Information that DNA has been banked may be shared to prevent needless repeat blood drawing.

9. Anonymous samples of DNA may be given to research centres, with appropriate research ethics board approval, to help further research. Identifying patient information will be kept confidential.

10. Participation in genetic testing is completely voluntary. Patients may withdraw consent or request that their DNA sample be destroyed at any time.

11. DNA testing may result in some forms of discrimination (insurance, employment or other).

_____ _____

Print full name Signature
Referring Physician