NORTH YORK GENERAL
Making a World of Difference

Molecular Genetics Requisition

Molecular Genetics Laboratory
4001 Leslie Street 3SE-186, Toronto, ON M2K1E1
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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 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):

Specimen Requirements

☐ Blood 7 mL EDTA (lavender)
3 mL EDTA infant
☐ DNA 1 - 5 µg
tissue source: _____

Prenatal specimen:
☐ Amniotic fluid 10 mL
☐ Cultured amniocytes 2 x T25 flasks
☐ CVS 10-20 mg cleaned villi on ice

☐ FFPE curls 5 µm x 10
☐ FFPE slides 5 µm x 4 plus one H&E staining slide
☐ Tissue _____

Tests

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

☐ Hemochromatosis
- 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 _____ Tel (__) _____ Fax (__) _____

Address _____ City _____ Province/Postal Code _____

Signature _____

Copy report to:

Name: _____

Address: _____

Tel (__) _____ Fax (__) _____

NYGH LAB USE ONLY

Ped #:_____ **Lab Label:** **Date received:**

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(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.

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)