



HCN:		\0.00\d				
Province/Territory:	Expiry	YYYY / MON)D		
Name: First		e Surname				
Date of Birth: YYYY / MON	J DD	Sex:	M	F	UN	
Mailing Address:						
City: F	Prov/Terr:	Postal C	ode:_			
Telephone: (Indicate Preferre	d)	Home ()				
O II ()		\A(1 ()				

Molecular Genetics Laboratory Requisition

	nory requisition	Cell ()	Wo	rk ()		
Ordering Provider's Name:		Clinic Stam	p :(include fax, pro	ovider and n	nnemonics)		
Clinic Name:							
Mailing Address:							
City: Prov/Terr:	_Postal Code:						
Phone: () Fax:							
Ordering Provider's Meditech Mnemonic:		EMR Clinic Mnemonic:					
			COPY TO PROVIDER				
	uisition, the ordering physician COMPLETE ALL SECTIONS - I				ovided.		
Previously tested family members? Will testing alter the management of an ongo Recent transfusion/transplant?	oing pregnancy?	Yes No	Index Case: LMP: YYYY / MC Date: YYYY / MC	ON / DD			
I. Specimen Requirements							
Peripheral blood - EDTA/Lavender (Ac Amniotic Fluid (5 mL) Cell Pellet			2-5 mL)		- EDTA/Lave Reflex from I		
II. Reason for Referral	III. Medical History		IV. Family History of	of Indicated Di	sease		
Carrier Status Presymptomatic Testing Confirmation of Clinical Diagnosis Prenatal Testing	Symptoms of Indicated Disease Asymptomatic (currently)		No Family History Documented Family History; Mutation: Possible Family History Unknown Family History				
DNA Banking Only DNA Banking-Testing also required Other:	Relevant Clinical Information/Pedigree (attach additional page if necessary):						
V. Test Menu - No Referral from Medical Gene	tics Required						
Ankylosing Spondylitis <i>HLA</i> -B27 Hemochromatosis <i>HFE</i> p.C282Y; p.H63 Thrombophilia <i>FVL</i> c.1601G>A <i>FII</i> c.*9	D> Transferrin Sa 7G>A (Restricted to medical	ituration Level geneticists, he	: ematologists and in	(Required) the stillbirth s			
VI. Test Menu - Restricted to Medical Genetic	ists	_					
ARVC5 TMEM43 c.1073C>T Cystic Fibrosis FMR1 related disorders Fragile X Primary Ovarian Insufficiency FXTAS Fragile X E Syndrome FMR2 HCM MYBPC3 c.2864delCT HMA Twillingate F8 c.6104T>C Huntington Disease HTT Non-Syndromic Hearing Loss GJB2 c.35delG Rapid Aneuploidy Detection Other:		Gastric Cancer CDH1 c.2398delC CDH1 recurrent mutation panel Hereditary Breast Cancer and Ovarian Cancer BRCA1 c.2071delA Known family mutation Hereditary Colorectal Cancer Non-Polyposis Colorectal Cancer (HNPCC) MSH2 c.942+3A>T Known family mutation Known family mutation MAP MUTYH p.Y165C; p.G382D MEN1 Burin MEN1 p.R465X Other:					
External Reference Facility: Test:	Location:		F	Requisition:	Attached	To Follow	
VII. Test Menu - Restricted to Hematologists/Medical Oncologists *Specimens received in the Genetics Lab after Friday morning are subject to cancellation*							
APL Qualitative PML/RAR CML/ALL Qualitative BCR/ABL MPD JAK2 p.V617F		Quantitative <i>PN</i> Quantitative <i>BC</i>		0 p210	p230		
MG#	Date Received: YYYY /	MON / DE	Spec	imen Receiv	ed:		