

Alberta Children's Hospital  
2888 Shaganappi Trail NW  
Calgary, Alberta T3B 6A8

Telephone: 403.955.7026  
Fax: 403.955.7624

**Take this requisition to your local blood collection location to have sample drawn.**

**Referring Geneticist/Physician**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Genetic Counsellor/Clinic Contact: \_\_\_\_\_

**Original reports will be sent only to the referring physician**

**Copy to be sent to:** Medical Genetics

\_\_\_\_\_ FULL NAME  
Rm 515 Ellis Hall, Saskatoon, SK, S7N 0W8  
\_\_\_\_\_ COMPLETE ADDRESS

**Patient Information**

Hospital ID \_\_\_\_\_ DOB \_\_\_\_\_  
yyyy - Mon - dd

Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First

Personal Health Number (PHN) \_\_\_\_\_

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 (LMP: \_\_\_\_-\_\_\_\_-\_\_\_\_)  Yes  
yyyy - Mon - dd

**The reason for testing must be provided. Testing will only be initiated if ALL sections of the requisition are complete.**

**I. Reason for Testing**

- Carrier Status
- Presymptomatic Testing
- Confirmation of Clinical Diagnosis
- Required for Family Study  
(No report will be issued)
- Other \_\_\_\_\_

**II. Medical History**

- Symptoms of Indicated Disease in this Individual
- Asymptomatic (currently)
- Recent Transfusion / Transplant  
Date if known \_\_\_\_\_

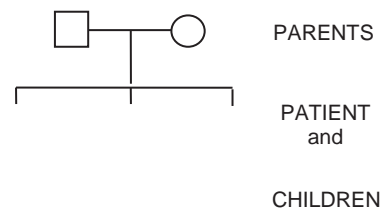
**IV. Test Requested**

- Angelman Syndrome
- Charcot-Marie-Tooth Disease
- MLPA Only  Type 1A  Type 1B  Type X
- Congenital Adrenal Hyperplasia
- CFTR (classical cystic fibrosis)
- CFTR (male factor infertility)
- CFTR other \_\_\_\_\_
- Fragile X syndrome
- FMR1-related ataxia syndrome (FXTAS)
- FMR1-related premature ovarian failure
- Hereditary Cancer (Specify) \_\_\_\_\_
- Other (Specify name & MIM#) \_\_\_\_\_

**III. Family History of Indicated Disease**

- No Family History
- Documented Family History
  - Clinical Diagnosis
  - Molecular Diagnosis
 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.



- Friedreich's Ataxia
- Hemochromatosis (Hereditary; HFE)  
(Attach iron/transferrin saturation results)
- MLPA Only  Hereditary Neuropathy with Liability to Pressure Palsies
- Huntington Disease
- Muscular Dystrophy
  - DMD/BMD
  - FSHD  OPMD
- Myotonic Dystrophy type 1
- Myotonic Dystrophy type 2
- Prader-Willi Syndrome
- Rett Syndrome
- Spinal & Bulbar Muscular Atrophy
- Spinocerebellar Ataxia
  - General Screen  Specific \_\_\_\_\_
- Spinal Muscular Atrophy
- Thalassemia/hemoglobinopathy (attach Hematology reports)
  - Alpha  Beta

**By providing this requisition to the patient/family, the health care provider confirms that they have reviewed the pre-test counselling information on the back of this requisition with the patient/family and the patient/family consents to testing.**

**Date & Time Sample Collected:** \_\_\_\_\_

- Blood EDTA (lavender top)**
  - 10-15 ml (adults & children > 20kg)
  - 6.0 ml (children < 20kg)
  - > 0.5 ml (neonate)
- Other (specify) \_\_\_\_\_

**Collector ID :** \_\_\_\_\_

- Prenatal Specimens (check one)**
  - CVS (≥10 mg)
  - Amniotic Fluid (≥25 ml)
  - Amniocytes (≥one confluent T25 flask)

**Mother's name:** \_\_\_\_\_

**MDL Use Only**

Patient No:  
Family No:  
Rec'd:  
Quantity:

Place Laboratory LIS Collection & Transfer Labels Here

BILL TO: Medical Genetics, Accounts Payable, Saskatoon Health Region, #900-606 Spadina Cres East, Saskatoon, SK

S7K 3H1, Phone: (306) 655-0777, Fax: (306)655-0792, Email: invoices@saskatoonhealthregion.ca

**Pre-test Counselling 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).