Saskatchewan Health Authority

Roy Romanow Provincial Laboratory

Molecular Diagnostics –Genetic Test Request

RRPL Use Only

Only FULLY completed applications will be accepted. Please complete one application per patient, per test. Only one consent form is required per patient.

Blood can be drawn prior to submitting this application and DNA will be banked for future send-out.

Please send completed forms with the patient's sample or by email to GRC@saskhealthauthority.ca. For Inquiries call the laboratory genetic counsellor at (306) 655-6450.

If the request is approved you may be sent additional requisition forms. As the ordering physician you will be responsible for completing the outside laboratory's requisition forms, disclosing results to the patient and referring the patient to Medical Genetics, if indicated.

<table>
<tr><td rowspan="6">Patient Name & Address (Print Clearly)</td><td>Patient HSN</td><td>Requesting MD (Include First Name and Middle Initial)</td><td>Provider MSB #</td></tr>
<tr><td>Date of Birth
D / M / Y</td><td colspan="2" rowspan="3">Specialty:
Requesting MD Phone #:
Requesting MD email address:
Requesting MD fax #:</td></tr>
<tr><td>☐ Male ☐ Female</td></tr>
<tr><td>Ethnicity:</td></tr>
<tr><td rowspan="2">Pedigree/Family #</td><td colspan="2" rowspan="2">Individual completing this form (name):
Phone #:</td></tr>
<tr></tr>
</table>

Will the results of this test impact an ongoing pregnancy?

☐ No ☐ Yes

If yes, please send an urgent referral to medical genetics by fax: 306-655-1736

Is this request urgent (i.e., results needed for treatment decisions within 6-8 weeks?)
If an explanation is not provided it will be assumed that your request is not urgent.

☐ No ☐ Yes (specify below)

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What is the diagnosis? Please send supporting information (consult notes, reports, labs, etc.):

Name of test requested (condition and genes[s]):

Is there a family history of this condition?
☐ No ☐ Yes (specify exact relationship to patient – if a genetic variant has been identified, please send a copy of the family member's report.)

Is any additional testing **currently** underway (i.e. chromosome analysis, Fragile X)?
☐ No ☐ Yes (specify)

Rationale for testing

What is the therapeutic impact of this testing **for the patient?**

- ☐ New Management
- ☐ Adjust to more specific management
- ☐ Cease or reduce investigation for diagnosis
- ☐ No change in management

Please provide specific details regarding your selection (**required**):

What is the therapeutic impact of this testing **for at risk relatives?** ☐ **n/a**

- ☐ Preventive management
- ☐ Specific screening recommendations or risk reduction strategies
- ☐ Reproductive decision-making
- ☐ Identify individuals at risk – little or no change in management

Specify who will be impacted by testing and in what way (**required**):