



Hamilton Health Sciences

Molecular Diagnostic Genetics Requisition

McMaster University Medical Centre
Molecular Genetics Laboratory, Room 2N22
1200 Main Street West, Hamilton, ON L8N 3Z5

Telephone: 905-521-2100 ex.76944
Fax: 905-521-7913
Email: moleculargenetics@hhsc.ca

*Patient Last Name: _____ *First Name: _____

*DOB (DD/MM/YY) _____

*SEX M F

*Health Card No: _____

***Mandatory Information**
(Specimen cannot be processed without this data)

Test Requested:

Please see the HRLMP Laboratory Test Information Guide for complete sample requirements and information <http://www.itig.hrlmp.ca/>

Hemoglobinopathy

Ethnicity: _____

- Thalassemia
- Hemoglobin Variant
- Sickle Cell Disease

***CBC, Hemoglobin electrophoresis, and ferritin results are required for processing samples.**

- Hemochromatosis (*HFE*)
- Metachromatic Leukodystrophy (*ARSA*)
- Smith-Lemli-Opitz Syndrome (*DHCR7*)
- Medium Chain Acyl-Coenzyme Deficiency (*ACADM*)
- Very Long Chain Acyl-Coenzyme Deficiency (*ACADVL*)
- Gamma Polymerase Deficiency (*POLG*)
- Galactosemia (*GALT*)
- Glucose-6-Phosphate Dehydrogenase Deficiency (*G6PD*)
- Pyruvate Kinase Deficiency (*PKLR*)
- Hyperferritinaemia Cataract Syndrome (*FTL*)
- Bank DNA until further notice
- Other (Enquire) _____

Specimen Information:

Transport at room temperature to the above address

Date sample taken/location: (DD/MM/YY) _____

- Peripheral Blood in EDTA – 5ml
- DNA, minimum 6 micrograms Source: _____
- Amniotic Fluid, 10-15ml, back-up culture required
- Cleaned Chorionic Villi, 5-15mg, back-up culture required
- Cultured cells, confluent, 1xT25 flask, back-up culture required

Clinical Indications:

- Symptoms of indicated disease
- Carrier status
- Newborn Screen Positive
- Prenatal Diagnosis (provide information below)

Pregnancy Information

LMP (DD/MM/YY): _____

Procedure/Date (DD/MM/YY): _____

Family history (Please provide details below)

Index Case **OR**

Index Case Name: _____

DOB (DD/MM/YY): _____

Relationship: _____

PROVIDE A SEPARATE PEDIGREE

Other _____

Expedited Cases are limited to: Prenatal Diagnosis, Newborn Screen Positive, or Patient/Partner Pregnant.

Reports To: **Report will not be sent without complete information!**

*Ordering Physician: Dr. Beth Spriggs/ Dr. Ron Agatep
 *Address: Molecular Diagnostic Lab, Health Sciences
 Rm MS543, 820 Sherbrook Street
 Winnipeg, MB R3A 1R9
 *Phone: 204-787-1024
 *Fax: 204-787-3846
 *Authorized Signature: _____

Additional Copy to:

Physician:

Address:

Lab Use Only: