For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

Centre intégré universitaire de santé et de services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke
Québec

REQUEST FOR ANALYSIS - BIOCHEMICAL GENETICS

CIUSSS de l'Estrie – CHUS, hôpital Fleurimont, laboratoire de génétique biochimique, local 1404
3001 12e Avenue Nord, SHERBROOKE (QC) J1H 5N4.
Tel.(1) : 819 564 5393, Tel.(2) : 819 346 1110 (15850), Télécopieur : 819 564 5217.
https://www.santeestrie.qc.ca/professionnels/ressources-pour-les-professionnels/laboratoires

Requestor Identification

Requesting MD : _____ Licence # : _____

Hospital /clinic : _____

Return address for results : _____

_____

_____

Contact telephone # : _____

Contact fax # : _____

Patient Identification

Surname : _____

First name : _____

M ❑ F ❑ Date of birth (YYYY/MM/DD) : _____ /____ /____

RAMQ# : _____
(Or equivalent provincial healthcare number outside Quebec)

File # : _____

OR : Imprint of card (addressograph)

Specimen Information

Date of sample collection (YYYY/MM/DD) : _____ /_____ /_____ Collected by (name) : _____ Time : _____

Specimen type : ❑ Plasma ❑ Urine ❑ CSF ❑ Dried bloodspot (filter paper)

❑ Amniotic fluid : specify number of weeks' gestation : _____

Clinical Information

Monitored patient with a known diagnosis ? ❑ No ❑ Yes – Specify _____

Case referred as «newborn screening positive »? ❑ No ❑ Yes (bloodspot screening)_____ ❑ Yes (urine screening)_____

Relevant clinical information _____

_____

Medication(s) ?_____ Special diet ?_____

Biochemical genetic tests : tick the test(s) requested

Plasma tests

- ❑ Amino acids (profile)
- ❑ Phenylalanine - Tyrosine
- ❑ Acylcarnitines – Free carnitine (profile)
- ❑ VLCFA – Phytanic – Omega 3,6
  (Very Long Chain / Long Chain Fatty Acids)
- ❑ 7-dehydrocholesterol – Sterols (profile)
- ❑ Methylmalonic acid
- ❑ Total homocysteine
- ❑ Succinylacetone
- ❑ Pipecolic acid

❑ Other : _____

Urine tests

- ❑ Amino acids (profile)
- ❑ Cystine
- ❑ Organic acids (profile)
- ❑ Methylmalonic acid
- ❑ Orotic acid - uracil
- ❑ Purines – Pyrimidines (profile)
- ❑ Creatine – Guanidinoacetate
- ❑ Mucopolysaccharides (MPS, GAG)
- ❑ Oligosaccharides
- ❑ Sialic acid
- ❑ Gb3 (globotriaosylceramide)
- ❑ Succinylacetone
- ❑ Acylglycines (profile)
- ❑ 3-hydroxyglutaric acid (GA-1)

❑ Other : _____

CSF tests

- ❑ Amino acids (profile)

❑ Other : _____

Amniotic fluid tests

- ❑ 7-dehydrocholesterol – Sterols (profile)
- ❑ Succinylacetone

❑ Other : _____

Label(s) : Requesting lab
Or
Your request # / specimen #

_____

Label : CHUS lab