Time Taken

Date Taken

Collector: .....

- ☐ Blood
- ☐ Bone Marrow
- ☐ Cord Blood
- ☐ Tumour
- ☐ Skin
- ☐ Other .....
- ☐ P.O.C.
- ☐ Amniotic Fluid
- ☐ C.V.S.
- ☐ Paraffin Embedded tissue

AUCKLAND CITY HOSPITAL

Diagnostic Genetics Request Form

a+ Lab PLUS

FORM CC6555

BAR CODE

Lab Use Only

Family Name | First Name

NHI Number | Gender | Date of Birth

Ward

AFFIX PATIENT LABEL

Received Lab

Send Report to:

Copy to:

PLEASE INDICATE SAMPLES COLLECTED: Draw order ☐ CPD ☐ Heparin ☐ EDTA ☐ Other

CYTOGENETICS

- ☐ Karyotype
- ☐ AFP
- ☐ FISH studies
  - ☐ Aneuscreen
  - ☐ Other *(specify type)*

  .....
- ☐ Other *(please specify)*

  .....

☐ Pregnant Gestational Age *(weeks)* .....

Obstetric History G..... P.....

DO PARENTS WISH TO KNOW SEX? ☐ Yes ☐ No

MOLECULAR GENETICS

- ☐ DNA extraction/storage
- ☐ Triplet repeat expansions
- ☐ Mutation screening (whole gene)
- ☐ Predictive/carrier testing (exon-specific)
- ☐ Whole genome microarrays

Specific Test(s)

MOLECULAR HAEMATOLOGY

Inherited Disorders

- ☐ HFE C282Y
- ☐ HFE H63D/S65C
- ☐ FV Leiden
- ☐ Prothrombin Variant
- ☐ Alpha thal
- ☐ Beta thal
- ☐ Other *(specify)*

  .....

Malignant Disorders

- ☐ Q-PCR for t (9;22)
- ☐ RT-PCR for *(specify)*

  .....
- ☐ NPM1
- ☐ JAK2
- ☐ FLT3
- ☐ Ig gene rearrangement
- ☐ TCR gene rearrangement
- ☐ Other *(specify)* .....

Supporting Clinical Information (including abnormalities noted on ultrasound)

Clinician Ordering Tests *Mobile/Locator Number:* ..... *NZMC# or practitioner code#* .....

NAME IN BLOCK LETTERS ..... Signature ..... Date .....

MAY 2008