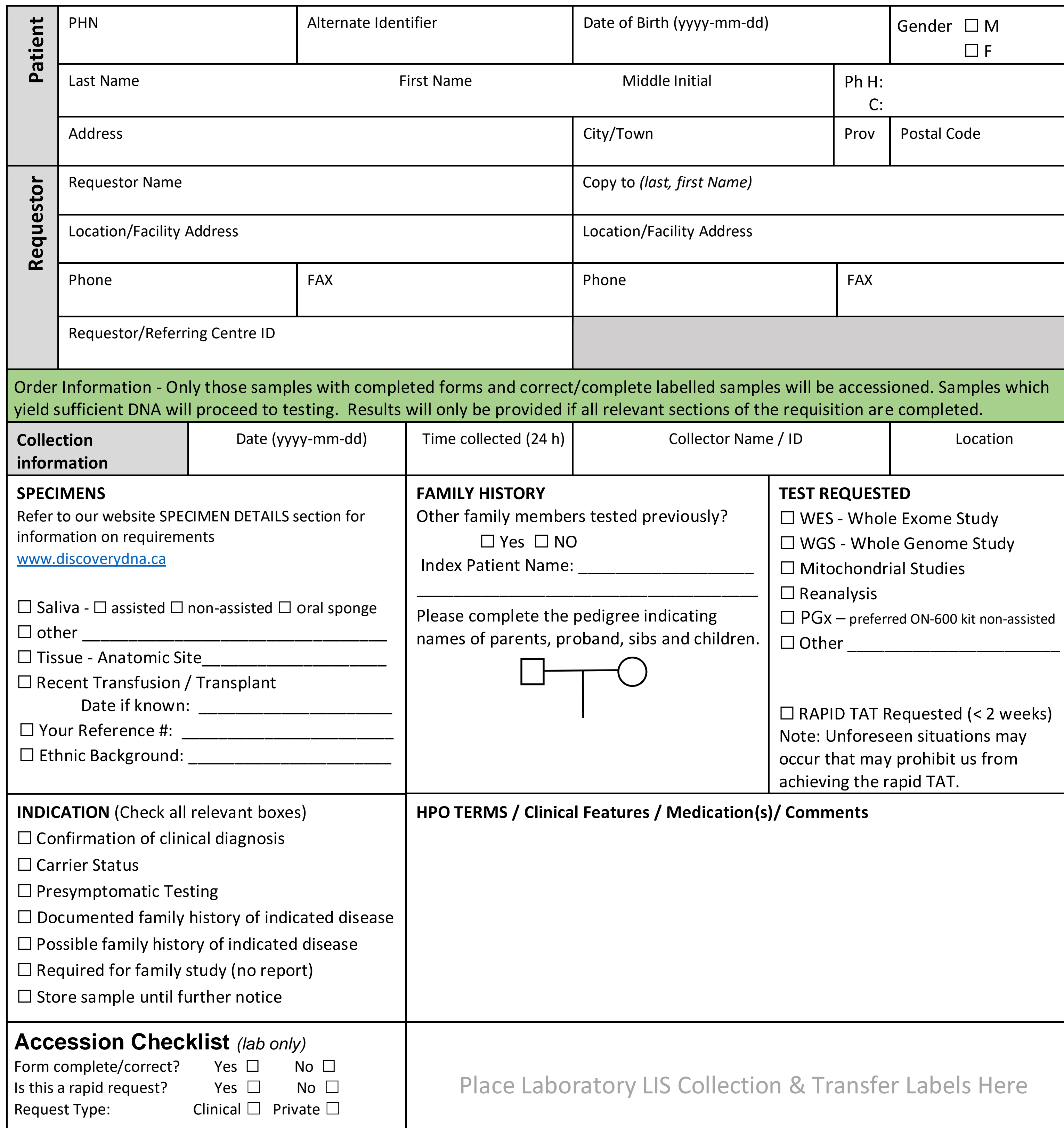
Discovery DNA

REQUISITION

Accession # *(lab only)*

#317, 3655 – 36 Street NW
Calgary, AB   T2L 1Y8
403-284-0039   info@discoverydna.ca

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



Patient

PHN	Alternate Identifier	Date of Birth (yyyy-mm-dd)	Gender ☐ M ☐ F
Last Name / First Name / Middle Initial			Ph H: C:
Address		City/Town	Prov / Postal Code

Requestor

Requestor Name		Copy to *(last, first Name)*	
Location/Facility Address		Location/Facility Address	
Phone	FAX	Phone	FAX
Requestor/Referring Centre ID			

Order Information - Only those samples with completed forms and correct/complete labelled samples will be accessioned. Samples which yield sufficient DNA will proceed to testing. Results will only be provided if all relevant sections of the requisition are completed.

Collection information	Date (yyyy-mm-dd)	Time collected (24 h)	Collector Name / ID	Location

SPECIMENS
Refer to our website SPECIMEN DETAILS section for information on requirements
www.discoverydna.ca

☐ Saliva - ☐ assisted ☐ non-assisted ☐ oral sponge
☐ other ______________________________
☐ Tissue - Anatomic Site____________________
☐ Recent Transfusion / Transplant
Date if known: ____________________
☐ Your Reference #: ______________________
☐ Ethnic Background: _____________________

FAMILY HISTORY
Other family members tested previously?
☐ Yes ☐ NO
Index Patient Name: __________________
____
Please complete the pedigree indicating names of parents, proband, sibs and children.

TEST REQUESTED
☐ WES - Whole Exome Study
☐ WGS - Whole Genome Study
☐ Mitochondrial Studies
☐ Reanalysis
☐ PGx – preferred ON-600 kit non-assisted
☐ Other ______________________

☐ RAPID TAT Requested (< 2 weeks)
Note: Unforeseen situations may occur that may prohibit us from achieving the rapid TAT.

INDICATION (Check all relevant boxes)
☐ Confirmation of clinical diagnosis
☐ Carrier Status
☐ Presymptomatic Testing
☐ Documented family history of indicated disease
☐ Possible family history of indicated disease
☐ Required for family study (no report)
☐ Store sample until further notice

HPO TERMS / Clinical Features / Medication(s)/ Comments

Accession Checklist *(lab only)*

Form complete/correct?	Yes ☐	No ☐
Is this a rapid request?	Yes ☐	No ☐
Request Type:	Clinical ☐	Private ☐

Place Laboratory LIS Collection & Transfer Labels Here