

## Supplemental Information Form

Ashkenazi Jewish Carrier & Tay Sachs Enzyme Screening

## COMPLETE FOR EACH MEMBER OF THE COUPLE; ATTACH TO REQUISITION

Female Partner	Male Partner
Female Partner's Name:	Male Partner's Name:
Gender: Female Date of Birth:	Gender: Male Date of Birth:
Ancestry:  Ashkenazi (at least one Ashkenazi grandparent) Uncertain ancestry, may be Ashkenazi French Canadian (from Eastern Quebec) Non Jewish/Sephardi	Ashkenazi (at least one Ashkenazi grandparent)  Uncertain ancestry, may be Ashkenazi  French Canadian (from Eastern Quebec)  Non Jewish/Sephardi
Family History: Tay-Sachs Fanconi anemia C Canavan Familial dysautonomia	Family History: Tay-Sachs Fanconi anemia C Canavan Familial dysautonomia
Couple is pregnant?	
See Testing Algorithm, Ashkenazi Jewish Carrier Screening & Tay-Sachs Enzyme Screening for details (www.genebc.ca)	
CHOOSE ONE SCREENING OPTION ONLY; FOR OPTION 2, SELECT ONE BOX ONLY	
SCREENING OPTION 1: ASHKENAZI JEWISH CARRIER SCREENING PANEL	
<ul> <li>Criteria: BOTH members of the couple ARE OR MAY BE of Ashkenazi Jewish ancestry</li> <li>Panel (inseparable): Tay-Sachs disease, Fanconi anemia C, Canavan disease, familial dysautonomia</li> </ul>	
PREGNANT OR NOT-PREGNANT COUPLE:	
EITHER GENDER (FEMALE OR MALE)  Collect: at ANY BC collection facility  Requisition: Molecular Genetics Laboratory	Test Name: Ashkenazi Jewish Carrier Screening Sample: 4 mL EDTA (purple top). Ship at room temp.
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<ul> <li>Criteria: ONE of the following:         <ul> <li>○ Couple is eligible for screening option 1 (panel) but want Tay-Sachs enzyme screening only</li> <li>○ One member of the couple is or may be of Ashkenazi ancestry, the other is not</li> <li>○ One or both members of the couple are French Canadian AND from Eastern Quebec</li> </ul> </li> </ul>	
PREGNANT COUPLE:	
FEMALE	☐ MALE
Collect at BCCH Lab <i>only</i> , M – F before 12:00 noon	Collect at BCCH Lab only, M - F before 12:00 noon
Requisition: Medical Services Lab - Outpatient Test Name: WBC Hexosaminidase Sample: 7 mL NaHep or LiHep (green top)	Requisition: Medical Services Lab – Outpatient Test Name: Serum and WBC Hexosaminidase Sample: 7 mL Red top, store at room temp <i>AND</i> 7 mL NaHep or LiHep (green top) Store at room temperature
Store at room temperature  NON-PREGNANT COUPLE:	Store at room temperature
FEMALE ON ORAL CONTRACEPTIVE PILLS (OCP)	Male or Female NOT on OCP
Collect at BCCH Lab <i>only</i> , M – F before 12:00 noon	Collect at ANY BC collection facility
Requisition: Medical Services Lab - Outpatient Test Name: WBC Hexosaminidase Sample: 7 mL NaHep or LiHep (green top) Store at room temperature	Requisition: Medical Services Lab – Outpatient Test Name: Serum Hexosaminidase Sample: 7 mL Red top. Separate and send min 500 μL Serum Ship FROZEN

## Ship requisition, form & sample to:

Specimen Receiving BC Children's Hospital Room 2J20 – 4500 Oak Street Vancouver BC V6H 3N1

## Questions? See www.genebc.ca or

Ashkenazi Carrier Screening Molecular Genetics Lab 604-875-2852 M-F 8:00 a.m. – 4:00 p.m. Tay-Sachs Enzyme Screening Biochemical Genetics Lab 604-875-2307 M-F 8:00 a.m. – 4:00 p.m.

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