

Molecular Genetics Laboratory

BC Children's Hospital & BC Women's Hospital
 2J40 - 4500 Oak Street, Vancouver, BC V6H 3N1
 Phone (604) 875-2852 • Fax (604) 875-2707
 • moleculargenetics@cw.bc.ca • www.genebc.ca
 • Facility Code L1050

Request for Shipment

Out-of-Province/Out-of-Country Genetic Testing

To: Molecular Genetics Laboratory (MGL)**Fax:** 604-875-2707**Phone:** 604-875-2852**From:****Fax:****Date:****# Pages:**
COMPLETE FOR EACH SAMPLE & EACH REFERRAL LABORATORY

| PRIORITY | SAMPLE TYPE | |
|---|---|---|
| <input type="checkbox"/> STAT (affects pregnancy management) EDD: _____ DD/MMM/YY <input type="checkbox"/> ROUTINE | <input type="checkbox"/> BLOOD <input type="checkbox"/> TISSUE ; Surgical Path #: _____ <input type="checkbox"/> DNA* ; MGL Sample ID: _____ <small>*prior approval required, as per policy</small> Quantity: _____ ug OR _____ ug/ul & _____ ul | MEDICAL GENETICS ONLY: CVS OR AMNIOCENTESIS: <input type="checkbox"/> DNA <input type="checkbox"/> Cultured <input type="checkbox"/> Uncultured* <small>*consultation required</small> SPECIAL INSTRUCTIONS: (quantity, # flasks, etc.) _____ |

| REQUESTOR INFORMATION | | PATIENT INFORMATION | |
|---|-------------------------------|--|---------------------------|
| Ordering Physician Last Name | Ordering Physician First Name | Last Name | First Name |
| Contact Person (if differs from Ordering Physician) | | Personal Health Number | Date of Birth (DD/MMM/YY) |
| Contact Phone Number (if differs from above) | | Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK | Referring Clinic ID |

| REFERRAL LABORATORY & TEST INFORMATION | |
|--|----------------------------|
| Referral Laboratory | Disorder or Test Requested |
| Shipping Address: | |
| | |

| | |
|---|--|
| CHECKLIST: <input type="checkbox"/> BC's Agency for Pathology and Laboratory Medicine funding approval letter <input type="checkbox"/> Referral lab paperwork (requisition, consent form, etc) | MGL USE ONLY <div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">SHIPMENT LABEL</div> <div style="text-align: right;">CM_PW <input type="checkbox"/></div> |
|---|--|

Document # CWMG_REQ_0210F Version # 3.4 Revised: June 2018

CONFIDENTIALITY NOTICE

The documents accompanying this fax transmission contain confidential information belonging to the sender which is legally privileged. The information is intended for the use of only the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on or regarding the contents of this faxed information is strictly prohibited. If you have received this fax in error, we apologize and ask that you immediately notify the sender by telephone to arrange for return or destruction of the document.