

Protocol: Out-of-Province Genetic Testing Coordination - BCAPLM funded

Division of Genome Diagnostics

This protocol outlines the process of coordinating clinical testing funded by the BC's Agency for Pathology and Laboratory Medicine (BCAPLM).

The Division of Genome Diagnostics provides 'shipping and handling' services only.

**For tests funded by sources other than BCAPLM, see:
[Out-of-Province Genetic Testing Coordination - non-BCAPLM funded](#)*

The following protocol is the responsibility of the Ordering Physician.

STEP ONE: Request Funding.

FUNDING MUST BE SECURED PRIOR TO SAMPLE COLLECTION.

1. Choose a Testing Laboratory. Resources: <http://www.ncbi.nlm.nih.gov/gtr/> and www.genetests.org.
2. Obtain from the Testing Laboratory:
 - a. Requisition;
 - b. Consent form, if applicable;
 - c. Billing form, if applicable;
 - d. Cost of the test;
 - e. Turnaround time;
 - f. Sample Requirements: confirm that 4 mL EDTA peripheral blood is sufficient.
 - i. For other sample sources (frozen or paraffin tissue, amniocentesis, CVS): Discuss with Division prior to arranging testing.
3. Apply to BC's Agency for Pathology and Laboratory Medicine (the "Agency") for funding: <http://www.bccss.org/clinical-services/bcaplm/agency-programs/out-of-province-out-of-country>

If Agency Funding is Approved:

STEP TWO: Complete the Required Paperwork.

1. **Testing Laboratory Requisition** and any associated paperwork such as billing form or consent form. Ensure the form is completed in full, including Ordering Physician name and contact information.

Request "institutional billing" and state:

Bill at your institutional rate to:

Out of Province/Out of Country Program
BC's Agency for Pathology and Laboratory Medicine
Suite 300-1867 West Broadway
Vancouver, BC V6J 4W1 CANADA

Include the patient name, PHN, referring physician name, and report with the invoice.

2. **Request for Shipment for Out-of-Province Genetic Testing Form**

STEP THREE: Fax completed paperwork to the Division at 604-875-2707, in the following order:

- a. Request for Shipment for Out-of-Province Genetic Testing Form
- b. Testing laboratory requisition, billing form, and consent form, if applicable
- c. The Agency funding approval letter

STEP FOUR: Arrange Sample Collection.

1. Complete the MGL General Requisition: http://genebc.ca/uploads/CWMG_REQ_0000_v4_2_General_Requisition_extend.pdf

Sample type: EDTA blood

- i. If > 4 mL EDTA blood required for testing, specify volume.
- ii. Test requested: Other "Agency funded: [Test Name]"

2. Send patient for blood collection. Sample can be collected at *any* BC collection facility.

Upon sample receipt, MGL will:

- ship the entire blood sample and paperwork to the referral laboratory;
- send a letter to the referring physician, confirming the shipment, including date sent, to allow for tracking.

STEP FIVE: Contact the Testing Laboratory directly for result tracking and/or reporting.

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: _____ <small>DD/MMM/YY</small> <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 Agreement and Consent for Out of Province testing form <input type="checkbox"/> Referral Lab paperwork <input type="checkbox"/> Provide Funding Details:	MGL USE ONLY <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">SHIPMENT</div> <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">LABEL</div> <div style="text-align: right;">CM_PW <input type="checkbox"/></div>
--	--

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.



FAQs: Coordination of Out-of-Province Clinical Testing Funded by Sources Other Than BCAPLM

**For tests funded through BC's Agency for Pathology and Laboratory Medicine (BCAPLM) Out-Of-Province/Country process, follow instructions provided by BCAPLM: <http://www.bccss.org/clinical-services/bcaplm/health-professionals/out-of-province-out-of-country-funding>*

This document provides information when coordinating clinical testing funded by sources other than BCAPLM. It is the responsibility of the Ordering Physician; the Division provides 'shipping and handling' services only.

PROOF OF FUNDING & REQUEST FOR SHIPMENT FORM

1. What funding documentation do I need to provide in the package of faxed paperwork?
2. Can shipment for non-clinical samples be arranged?
3. What do I do if the patient wants to pay for his/her own testing?
4. Why do I have to complete a Request for Shipment form?

REQUISITIONS AND BILLING FORMS

5. Why do I have to complete an MGL requisition AND the testing laboratory's requisition?
6. Do I need to provide the sample collection date on the testing lab requisition? How do I know when it was collected?
7. Why do I need to provide the testing facility with contact information (e.g. address, phone number, and fax number)?
8. Does the ordering physician have to sign the testing laboratory requisition?

SAMPLE REQUIREMENTS

9. The patient has previously had blood drawn for testing within the Division; is there residual blood or DNA that can be sent to the testing laboratory?
10. How do I determine the testing laboratory's sample requirements?

PROOF OF FUNDING & REQUEST FOR SHIPMENT FORM

1. What funding documentation do I need to provide in the package of faxed paperwork?

The Department provides shipping services for funded clinical testing only and cannot provide shipping services for testing that could be billed back to the Department.

Indicate the source of funding information on the Request for Shipment form.

2. Can shipment for non-clinical samples be arranged?

Requests to ship samples to research laboratories generally cannot be facilitated by the Department except in some rare circumstance of clinical / research partnership; at minimum, a patient report must be issued by the testing facility. Please contact the Molecular Geneticist on service (MGLOnService@cw.bc.ca) for preapproval.

3. What do I do if the patient wants to pay for his/her own testing?

The Department does not coordinate out-of-province genetic testing for self-pay patients. Patients can contact the testing laboratory to explore options for collection and shipment.

4. Why do I have to complete a shipment request form?

This form provides information about the test requested and testing laboratory shipping address which is required to facilitate shipment of the sample. For BCPALM funded samples, this information is included in the funding letter. Additionally, the form provides information concerning sample type and urgency which aids the Division in triaging the sample once it arrives in the lab.

REQUISITIONS AND BILLING FORMS

5. Why do I have to complete an MGL requisition AND the testing laboratory's requisition?

In order for the sample to be collected, the MGL requisition is required. In order to ensure the appropriate test is requested, and the required clinical history is provided, the testing laboratory requisition is required. The physician requesting the test from the testing laboratory is responsible for completing all associated paperwork.

6. Do I need to provide the sample collection date on the testing lab requisition? How do I know when it was collected?

No. When the Division packages the patient's sample for shipment, a label indicating the sample collection date will be placed on the testing lab requisition.

7. Why do I need to provide contact information to the testing facility (e.g. address, phone number, and fax number)?

In order to ensure the final report is received by the Ordering Physician and cc Physicians, full and complete contact information must be provided to the testing facility, regardless of whether the information is requested on the form from the external laboratory. Laboratories outside of BC are not aware of local resources for obtaining this information and the Division cannot ensure up to date accurate information is provided.

- Required information includes: ordering physician name, address, phone and fax numbers; cc Physician name and address; Health records name and address; billing information.
- If necessary and as applicable, additional information can be provided in a letter that includes patient demographics (Name, PHN, DoB) attached to or in place of a testing laboratory requisition.

8. Does the ordering physician have to sign the testing laboratory requisition?

If requested, then yes.

In many jurisdictions Physicians are required to sign all test orders. Many laboratories will not proceed with testing without this signature. The Division cannot comment on whether a designee would be accepted.

SAMPLES REQUIREMENTS

9. The patient has previously had blood drawn for testing within the Division; is there residual blood or DNA that can be sent to the testing laboratory?

Generally, no. Blood is not stored by the Division, and DNA samples are disposed of according to the DNA Extraction and Retention Policy. At the time of receipt, only a sufficient amount of DNA to complete the requested clinical testing is extracted. The Division will not ship residual DNA to another laboratory unless there are exceptional circumstances; preapproval by the Molecular Geneticist On Service (MGLOnService@cw.bc.ca) and signed patient consent are required.

10. How do I determine the testing laboratory's sample requirements?

Sample requirements are provided by the testing laboratory; it is the responsibility of the ordering physician to determine the sample requirements of the testing laboratory and provide these to the collection laboratory. For sample sources other than blood (DNA, frozen or paraffin tissue, amniocentesis, CVS): Discuss with Division prior to arranging testing.