Provincial Health Services Authority
Province-wide solutions. Better health.

Supplemental Information Form
Ashkenazi & Tay Sachs Carrier Screening

STEP 1: Complete information for both the Patient and the Patient's Partner

PATIENT being tested	PARTNER
Name (Last, First): _____	Name (Last, First): _____
Personal Health Number (PHN): _____	Personal Health Number (PHN): _____
Sex: ☐F ☐M Date of Birth: _____ DD / MMM / YY	Sex: ☐F ☐M Date of Birth: _____ DD / MMM / YY
Ancestry: ☐Ashkenazi (at least one Ashkenazi grandparent) ☐Uncertain ancestry, may be Ashkenazi ☐French Canadian (from Eastern Quebec) ☐Non Jewish/Sephardi	Ancestry: ☐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

Is the couple pregnant? ☐Yes ☐No If yes, EDD: _____ DD / MMM/ YY

STEP 2: Choose ONE of the two test options based on eligibility criteria

☐ TEST OPTION 1: ASHKENAZI CARRIER SCREENING

DNA test that includes ALL of the following: Tay-Sachs disease, Fanconi anemia C, Canavan disease, familial dysautonomia.

Eligibility criteria: BOTH members of the couple *ARE OR MAY BE* of Ashkenazi Jewish ancestry.

Collection Information: Collect at ANY BC collection facility.
Requisition: Genome Diagnostics Constitutional Genetics Laboratory Requisition
Test Name: Ashkenazi Carrier Screening (MGL test)
Sample: 2 mL EDTA (lavender top). Ship at room temp.

☐ TEST OPTION 2: TAY-SACHS CARRIER SCREENING

Biochemical test that assesses hexosaminidase (Tay-Sachs) enzyme levels.

Eligibility criteria:

1. Only ONE partner IS or MAY BE of Ashkenazi Jewish ancestry; OR
2. BOTH partners ARE or MAY BE of Ashkenazi Jewish ancestry BUT do not want DNA testing; OR
3. ONE or BOTH partners are French Canadian from Eastern Quebec.

Collection Information (choose appropriate scenario):

☐ FEMALE NOT ON HORMONAL CONTRACEPTIVES; OR MALE
Collect at ANY BC collection facility
Requisition: Standard out-patient laboratory requisition
Test Name: Serum Hexosaminidase
Sample: 7 mL red top. Centrifuge and collect 0.5 mL of serum. Freeze serum and ship FROZEN.

☐ FEMALE: ON HORMONAL CONTRACEPTIVES; OR PREGNANT
⚠ **Collect at BCCH lab *ONLY*** (M-F before 12 p.m.)
Requisition: Standard out-patient laboratory requisition
Test Name: WBC Hexosaminidase
Sample: 7 mL NaHep or LiHep (green top). Deliver to BGL immediately.

STEP 3: Complete test requisition, attach form, send patient to collection facility.

STEP 4: Collection lab to ship all paperwork & sample to:

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

Questions? ***See www.genebc.ca or***

Ashkenazi Carrier Screening
Genome Diagnostics
604-875-2852
M-F 8:00 a.m. – 4:00 p.m.

Tay-Sachs Carrier Screening
Biochemical Genetics Lab (BGL)
604-875-2307
M-F 8:00 a.m. – 4:00 p.m.

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