Time Taken

Date Taken

Collector: .....

- ☐ Blood
- ☐ Bone Marrow
- ☐ Cord Blood
- ☐ Tumour
- ☐ Skin
- ☐ Other .....
- ☐ P.O.C.
- ☐ Amniotic Fluid
- ☐ C.V.S.
- ☐ Paraffin Embedded tissue

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

AUCKLAND CITY HOSPITAL

Diagnostic Genetics Request Form

a+ Lab PLUS

FORM CC6555

Family Name First Name

NHI Number Gender Date of Birth

Ward

AFFIX PATIENT LABEL

PLEASE INDICATE SAMPLES COLLECTED: Draw order ☐ CPD ☐ Heparin ☐ EDTA ☐ Other

BAR CODE

Lab Use Only

Received Lab

Send Report to:

CYTOGENETICS

- ☐ Karyotype (Chromosomes)
- ☐ Molecular Karyotype (Microarray)
- ☐ FISH studies
  - ☐ Aneuscreen
  - ☐ Other *(specify type)* ☐ AFP

  .....
- ☐ Other *(please specify)*

  .....

☐ Pregnant Gestational Age *(weeks)* .....

Obstetric History G..... P.....

DO PARENTS WISH TO KNOW SEX? ☐ Yes ☐ No

MOLECULAR GENETICS

- ☐ DNA extraction/storage
- ☐ Triplet repeat expansions
- ☐ Single gene analysis
  - ☐ Sequencing
  - ☐ Dosage
- ☐ Multiple gene analysis
  - ☐ Sequencing
  - ☐ Dosage
- ☐ Predictive/carrier testing (exon-specific)
- ☐ Sendaway Test
- ☐ Confidential

Specific Test(s)

Copy to:

Clinician Email Address:

MOLECULAR HAEMATOLOGY

☐ ***Specific Test(s)***

Supporting Clinical Information (including abnormalities noted on ultrasound)

Clinician Ordering Tests *Mobile/Locator Number:* ..... *NZMC# or practitioner code#* .....

NAME IN BLOCK LETTERS ..... Signature ..... Date .....

AUGUST 2014