

Diagnostic Genetics Laboratory
LabPLUS, Building 31, Auckland City Hospital,
PO Box 110031, Auckland, New Zealand
Email: DGen@adhb.govt.nz

Diagnostic Genetics Sendaway Request Form

PATIENT DETAILS		Patient Consent: In submitting this sample referring clinician confirms that patient consent has been obtained for genetic testing and DNA storage and that samples may be sent internationally for testing.		
Date of request:		Completed by Diagnostic Genetics Staff: Specimen Type: Collection Date: Specimen ID (to be included on report):		
Surname				
First name				
DOB				
NHI				
Gender				
Name of Sendaway Laboratory:		Name of Assay / Gene(s) / Panel: tick-box options with		
Is an external laboratory referral form required? <input type="checkbox"/> Yes - <i>If Yes, please submit the external form along with this form.</i>		<input type="checkbox"/> Single gene _____ <input type="checkbox"/> Panel (s) _____ <input type="checkbox"/> Exome/Genome <input type="checkbox"/> Singleton <input type="checkbox"/> Trio <input type="checkbox"/> Others: _____		
Clinical details and family history:				
Is there a known familial variant? If yes, include proband report <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Investigation:				
<input type="checkbox"/> Diagnostic <input type="checkbox"/> Cascade <input type="checkbox"/> Predictive <input type="checkbox"/> Carrier <input type="checkbox"/> Segregation <i>Please note: all targeted familial variant analysis requires the involvement of Genetics Health Services.</i> <input type="checkbox"/> Urgent? <input type="checkbox"/> Prenatal (Gestation _____) <input type="checkbox"/> Treatment focussed <input type="checkbox"/> MRD <i>Urgent requests will incur additional charges</i>				
REFERRER DETAILS				
Name(s) of requesting Clinician(s):		Email(s) of requesting Clinician(s):		
Specialty/Department:				
Clinical Department and Health Board (billing purposes)		Address for paper report <i>(some laboratories do not issue electronic reports):</i>		
or ADHB RC Code: <i>Invoices or reports for other samples will be passed to the referring clinician for processing and payment.</i>				

INSTRUCTIONS FOR REFERRAL LABORATORY ON SAMPLE RECEIPT, REPORTING AND INVOICING:

Sample receipt: please email Diagnostic Genetics to confirm receipt of this sample at DGen@adhb.govt.nz.

Reports: please email reports to requesting clinicians and copy to DGen@adhb.govt.nz.

Invoices: All invoices must be made out to "Diagnostic Genetics, Auckland Hospital" and sent to: DGen@adhb.govt.nz.

Please include the LabPlus ID Number and Patient NHI on all reports and invoices to ensure prompt payment.