

BAR CODE

Lab Use Only



AUCKLAND CITY HOSPITAL
Diagnostic Genetics Request Form

Lab
PLUS
FORM CG6555

Received Lab

Send Report to:

Copy to:

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

Family Name

First Name

NHI Number

Gender

Date of Birth

Time Taken

Ward

AFFIX PATIENT LABEL

Date Taken

Collector:

PLEASE INDICATE
SAMPLES COLLECTED:

Draw order



CPD



Heparin



EDTA



Other

CYTOGENETICS

- ☐ Karyotype (Chromosomes)
- ☐ Molecular Karyotype (Microarray)
- ☐ FISH studies
- ☐ FFPET
- ☐ Aneuscreen
- ☐ Other (Specify type)

☐ Pregnant Gestational Age (weeks)

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

MOLECULAR GENETICS

- ☐ DNA extraction/storage
- ☐ Triplet repeat expansions
- ☐ Single gene analysis ☐ Multiple gene analysis
- ☐ Sequencing ☐ Sequencing
- ☐ Dosage ☐ Dosage
- ☐ Predictive/carrier testing (exon-specific)
- ☐ Sendaway Test (Please complete DGEN Sendaway form found at www.labplus.co.nz/dgss)
- ☐ Confidential
- ☐ Specific Test(s)

MOLECULAR HAEMATOLOGY

☐ Specify Test(s)

MOLECULAR ONCOLOGY

- ☐ OncoFocus - (EGFR, KRAS, NRAS, BRAF Kit mutation analysis)
- ☐ MGMT MSP
- ☐ MLH1 Promoter hypermethylation testing

Clinician Ordering Tests
NAME IN BLOCK LETTERS

NZMC# or Practitioner Code#

Mobile / Locator Number:

Date

Signature

Supporting Clinical Information (including abnormalities noted on ultrasound)

