



THE HOSPITAL FOR
SICK CHILDREN

Paediatric
Laboratory Medicine

555 University Avenue
Room 3416, Roy C. Hill Wing
Toronto, ON, M5G 1X8, Canada

Tel: 416-813-7200 x1

Fax: 416-813-7732

(CLIA # 99D1014032)

Genome Diagnostics

www.sickkids.ca/genome-diagnostics

Patient Name:

Preferred Name (if different):

Date of Birth (DD/MM/YYYY):

Legal Sex: Male Female Non-binary/U/X

Sex Assigned at Birth (if different): Male Female Unassigned

Gender Identity: Male Female Non-binary/U/X

MRN:

Parent's Name:

Address:

For Canada Only

Provincial Health Card #:

Version:

Issuing Province:

Request of Banked DNA for Clinical Testing

Testing is provided for medical purposes only and results are not intended for forensic use. The laboratory is not a forensically accredited laboratory

This request form applies to DNA aliquots for clinical testing only. If you would like an aliquot for research purposes, please contact us at the number above.

Requesting Physician

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Permission to access sample (required):

I have attached a release of information/consent form signed by the patient/guardian.

If you are not the original referring physician who banked this sample this section of the form must be completed.

Aliquot Details

Amount of DNA requested

Standard (5–10ug) – or – μ(ug)

Transportation Details

Send DNA aliquot via FedEx
(Sample will be shipped within 10 business days.)

Completed FedEx waybill paperwork **must** be provided with this requisition for shipping.

Under "Package details" select "**FedEx Pak**". If required, select a weight of 1lb.

Please note: third-party send-outs are unavailable.

Instructions available at:
<https://www.fedex.com/en-ca/shipping.html>

– or –

I will pick sample up at The Hospital for Sick Children,
Genome Diagnostics Accessioning Rm 3416, Roy C. Hill Wing.
(Open 9:00am–5:00pm, Monday–Friday. You will be notified,
within 10 business days, when the sample is ready.)

Contact name _____

Contact email address _____

Contact phone number _____ Ext. _____

Preferred method of communication:

Email

Telephone

LABORATORY USE ONLY

Pedigree # / Patient #: _____

Date notified for pick-up (DD/MM/YYYY): _____

DNA #: _____

FedEx Tracking Number: _____