

Diagnostic Genetics Sendaway Request Form

This form is intended for samples submitted to the Diagnostic Genetics Laboratory only. Invoices or reports for other samples will be passed to the referring clinician for processing and payment.

PATIENT DETAILS

Please Note: Illegible or missing information will delay testing.

SURNAME		Patient Consent: In submitting this sample referring clinician confirms that patient consent has been obtained for genetic testing and storage.
FORENAME		
DOB		
NHI		
Gender		

Clinical details of patient (required) and family history (if appropriate):

TESTS REQUIRED & METHODOLOGY

For guidance on how to complete this form: refer to www.labplus.co.nz/dgss or contact the Diagnostic Genetics Laboratory.

Is an external laboratory referral form required? <input type="checkbox"/> Yes: <i>If Yes, please submit the external form along with this form.</i>	
Is there a known familial mutation? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes include proband report)</i>	Type of Investigation: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Predictive (asymptomatic) <input type="checkbox"/> Carrier <input type="checkbox"/> Research <input type="checkbox"/> Urgent* (reason): *Note urgent requests will incur additional charges.
Name of Assay / Gene(s) / Panel :	Type(s) of Testing required (if known): <input type="checkbox"/> Sequence analysis <input type="checkbox"/> Copy Number Variant analysis <input type="checkbox"/> Other:
Name of Sendaway Laboratory (required):	
Postal (or web) Address of Sendaway Laboratory (required if testing laboratory not previously used):	

REFERRER DETAILS

Name of Requesting Clinician:	Email of Requesting Clinician:
Clinical Department and Health Board (billing purposes) or ADHB RC Code:	Address for paper report (some laboratories do not issue electronic reports): Lab Services, Cytogenetics Laboratory, Waikato Hospital, Pembroke Street, Private Bag 3200, Hamilton 3240, New Zealand

INSTRUCTIONS FOR REFERRAL LABORATORY – SAMPLE RECEIPT, REPORTING and INVOICING.

- Sample receipt:** please email Diagnostic Genetics to confirm receipt of this sample at DGen@adhb.govt.nz.
 - Reports:** please send a 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.**