CANBERRA Clinical Genomics

RCPA The Royal College of Pathologists of Australasia

NATA Accreditation No. 20401

Accredited for compliance with NPAAC Standards and ISO 15189

Sanger Sequencing / MLPA Request Form

Test Requested: ☐ Sanger Sequencing ☐ MLPA

PATIENT DETAILS	
MRN:	Phone/ Mobile:
Surname:	Address:
Given Name: DOB:	Address *cont.*:
Gender: ☐ Female ☐ Male ☐ Unknown	Email:

REQUESTING DOCTOR	
Name:	Provider Number:
Address:	☐ Email to:
Phone/ Mobile:	☐ Hard copy:
Signature:	

COPY REPORT TO	
Doctor:	☐ Email copy to:
Phone/ Mobile:	☐ Hard copy:

SPECIMEN INFORMATION (Collector / Sender to complete)		
Print Name:	Signature:	Date/Time of Collection:
EDTA Whole Blood Number of tubes collected:		*Collect*: **1 x 5-10ml EDTA** (adults) or **1 x 2-5ml EDTA** (children)
Extracted DNA *(50-100ng/µl, total volume ≥50µl)*	Concentration:	Elution Buffer: Total Volume:
Other sample types *(i.e. buccal swab, saliva)*, details:		

For ACT Pathology Collection Centres:

- Register test as "CCG Test". Refer to Kestral ALT-9 for more information.

For All Other Collection Centres:

- Send samples to: Canberra Clinical Genomics, The Australian National University, Hugh Ennor Building, 117 Garran Rd ACTON 2601

REASON FOR TEST

☐ Confirmation of previous finding ☐ Diagnostic ☐ Predictive Test* ☐ Family studies

Additional information:

* Sample from the known affected individual is required as a positive control. Laboratory recommends 2 blood samples collected at different times.

DNA VARIANT DETAILS

No.	Gene	Chr : Coordinates (indicate GRch37/ GRch38)
1		
2		

PATIENT CONSENT

I understand:

- My / my child's DNA will be tested for the gene(s) associated with my / my child's condition. Only the variants listed above will be analysed and interpreted
- Test results may have implications for the health care of my blood relatives
- My / my child's de-identified results may be used to help the counselling and testing of other family members
- Testing will not currently affect the ability to obtain health insurance but may affect applications for some types of risk-rated insurances such as life and income protection insurance
- Testing is voluntary and I can withdraw or cancel testing at any stage
- My/ my child's DNA sample will be stored in accordance with national diagnostic laboratory guidelines

I consent to the testing described above. The test has been explained to me by a health professional and I have had the opportunity to ask questions and I am satisfied with the explanations.

Patient / Parent / Guardian Name	Patient / Parent/ Guardian Signature	Date
Health Professional Name	Health Professional Signature	Date