Genetic Testing Requisition (Invitae)

INVITAE by Dynacare

☐ Patient pay

☐ Client account #: _____

Client name: _____

Patient Information

Last name: _____

First name: _____

Date of birth: YYYY MM DD Sex: ☐ M ☐ F

Health insurance #: _____

Address: _____
No. Street Apt/Unit

_____
City Province Postal code

Tel: _____

Email: _____

Ancestry:

- ☐ African
- ☐ Ashkenazi Jewish
- ☐ Asian
- ☐ Caucasian
- ☐ First Nations
- ☐ French Canadian
- ☐ Hispanic
- ☐ Mediterranean
- ☐ Pacific Islander
- ☐ Sephardic Jewish
- ☐ Other (specify): ↓ _____

Is patient deceased?

☐ No ☐ Yes, date of death: YYYY MM DD

Note: If the patient has had a bone marrow transplant, please contact Dynacare for instructions.

Test Information

Invitae test code: _____

Test name: _____

For custom panels, please write/attach gene list:

_____

Request for Saliva Kit

☐ Dynacare to ship saliva collection kit to patient at address indicated above.

Note: Please fax this requisition to 450.901.3084 to request a shipment to patient's home.

Sample Information

- ☐ Saliva (Invitae Kit)
- ☐ Buccal Swab (Invitae Kit)
- ☐ Whole blood (1 x 4 mL lavender-top EDTA; collection code: INVL)
- ☐ DNA from blood
- ☐ Other (specify): _____

Collection date: YYYY MM DD

Collection location: _____

Collected by: _____

Collection account #: _____

Prescriber Information

Last name: _____

First name: _____

Clinic: _____

Address: _____
No. Street Office/Unit

_____
City Province Postal code

Tel: _____

Fax: _____

Copy results to: _____
Last name. First name

cc. Fax: _____

Indication for Testing

☐ Diagnosis, specify: _____

☐ Family history (specify and attach pedigree, if available):

_____

☐ Known familial mutation/variant (include family member's report)

Proband's name: _____

Proband's date of birth: YYYY MM DD

Proband's RQ#, if Invitae: _____

Patient's relationship to Proband: _____

☐ Other, specify: _____

Request for Genetic Counselling

☐ Check this box for Dynacare to provide genetic counselling related to this test/clinical indication, using this requisition as the referral.

Prescriber Signature

The patient has provided me with their permission to permit Dynacare or its affiliated laboratory (located in the United States) to provide the laboratory test(s) indicated herein. They understand that their personal health information (including name, date of birth and gender) will accompany the specimen and that this information may be subject to disclosure to government or other authorities. The patient has had the opportunity to ask questions and discuss the capabilities, limitations and possible risks of the test(s) with me, their healthcare provider. The patient has given full consent for this test.

Prescriber signature: _____

Licence #: _____ Date: YYYY MM DD