CHU Sainte-Justine
Le centre hospitalier universitaire mère-enfant
Université de Montréal

F-582A # INV.:30009205 (RÉV. 2023-07)

ATTENTION: Filing of shaded zones is required

Molecular Hematology - Molecular Diagnosis laboratory

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3175, Côte Sainte-Catherine, Montréal, QC, H3T 1C5, 514-345-4642

Requesting Institution/Unit : _____

Address : Civic number Street

Province/Country

Postal code

Phone number: FAX:

Requesting Physician : _____

Sampling Date : _____ **Time:**

Sampled By : _____

Patient Information

Last Name, First Name

Gender : F ☐ M ☐

Healt care Institution (specify)
Medicare card # / Health facility file #
D.O.B. :

or

Stamp the patient's Health Care Institution card

Clinical information: _____

I certify that I have explained the following to the patient: the nature of the requested test, its benefits, limitations and potential risk for the patient and his or her family. I certify that I have obtained signed informed consent for the test from the patient or his or her legal guardian.

SAMPLE TYPE

- ☐ Blood : 2-5 mL EDTA, # tubes : _____
- ☐ Filter-paper card (Guthrie card)
- ☐ Buccal swabs ☐ Saliva
- ☐ DNA : origin _____
- ☐ Cultured amniocytes
- ☐ Amniotic liquid
- ☐ Chorionic villi biopsy
- ☐ Cultured chorionic villi

TYPE OF REFERRAL

- ☐ Diagnostic
- ☐ Prenatal
  - Please, notify the laboratory in advance
  - Requires maternal sample for fetal-maternal contamination exclusion analysis
- ☐ Carrier
- ☐ For further analysis

GENE TESTING

- ☐ Factor VII Deficiency SEQF7
  Sanger sequencing of the coding exons/promoter of *F7* gene.
  Important : Please, attach the functional result of plasma FVII to this request.
- ☐ Protein C Deficiency PROCS
  Sanger sequencing of the coding exons/promoter of *PROC* gene.
  Important : Please, attach the functional result of plasma PROC C to this request.
- ☐ Hemophilia B SEQF9
  Sanger sequencing of the coding exons/promoter of *F9* gene.
  Important : Please, attach the functional result of plasma FIX to this request.
- ☐ Hemophilia A and von Willebrand, suspicion: _____
  NGS panel, whole gene sequencing of *F8* and *VWF* BM8WV
  Important : Please, attach the functional result of plasma FVII and VWF to this request.

SPECIFIC VARIATION TESTING

Thrombosis
- ☐ Factor V Leiden, variation p.R506Q, gene *F5* F5LEI
- ☐ Prothrombine V, variation G20210A, gene *F2* F2MUT

- ☐ Hemoglobinopathies S and C SEQHS
  Variations p.Glu7Val and p.Glu7Lys
- ☐ Alpha-Thalassemia THAL2
  Common deletions 3.7, 4.2, MED, SEA, FIL, THAI and 20.5
- ☐ Quebec Platelet Disorder QPDG2
  Duplication of *PLAU* gene
- ☐ Hereditary Angioedema
  Variations g.2953-3127del (*XPNPEPE2*), -2399C>A (*XPNPEPE2*)
  I/D (ACE), c.1032C>A and c.1032C>G (*F12*) and g.4332dupG (*SERPINE1*)

KNOWN FAMILIAL VARIATION

- Specify gene and variation below.
- Attach a copy of the index case report

Condition (Gene) : BMSSA

- ☐ Hemophilia A (*F8*)
- ☐ Hemophilia B (*F9*)
- ☐ Factor VII Deficiency (*F7*)
- ☐ von Willebrand (*VWF*)
- ☐ Protein C Deficiency (*PROC*)
- ☐ Hemoglobinopathy S or C (*HBB*)

Variation : (HGVS nomenclature)
c. _____
p. _____

Index case name : _____

Relationship with Index case : _____

Family # : _____

OTHERS

- ☐ Foeto-maternal contamination detection VCFM5
- ☐ Other : _____

PEDIGREE INFORMATION

Include a family pedigree and clinical information relevant to the requested analysis.

Attention :
- Incomplete requests and inappropriate samples (eg hemolyzed, misidentified) will be rejected.
- For shipping conditions, please refer to www.chusj.org/fr/Labotest