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

F-582-A # INV. : 30009205 (Rev.2016-11)

ATTENTION: Zone grise obligatoire

MOLECULAR DIAGNOSTICS LABORATORY

Molecular Hematology, Oncology and Pathology

3175, Côte Sainte-Catherine, Montréal, QC, H3T 1C5, 514-345-4931

Requesting Institution/Unit : _____

Address : Civic number _____ Street _____

City _____ Province/Country _____

Postal code _____

Phone : _____ FAX: _____

Referring physician : _____ Licence No : _____

Sampling Date : _____ **Time** _____

Sampled by : _____

Patient information

Last name: _____ First name: _____

Gender: F ☐ M ☐

Medical records number / Provincial health number: _____

Date of birth: _____

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

- ☐ EDTA Blood : 5ml (EDTA vial) _____ # of tubes
- ☐ Amniocytes
- ☐ Bone marrow (EDTA vial)
- ☐ Chorionic villi
- ☐ Cultured chorionic villi (T25 flask(s))
- ☐ DNA :_____(specify origin aside from blood)
- ☐ Filter (Guthrie) card filled with EDTA blood
- ☐ Paraffin sample : #____
- ☐ Tissue :_____
- ☐ Other : _____

ANALYSIS REQUESTED

- ☐ Alveolar rhabdomyosarcoma t(1;13), t(2;13)[1]
- ☐ Burkitt lymphoma t(8;14)[2]
- ☐ Chimerism, pre-transplant
- ☐ Chimerism, post-transplant
- ☐ Congenital fibrosarcoma t(12;15) ETV6/NTRK3[1]
- ☐ Desmoplastic small round cell tumor t(11;22) EWSR1/WT1[1]
- ☐ Diffuse large B-cell lymphoma t(2;5) NPM1/ALK[1]
- ☐ DNA extraction, please justify : _____
- ☐ Ewing sarcoma t(11;22) EWSR1/FLI-1; t(21;22) EWSR1/ERG[1]
- ☐ GATA2 : Sequencing (coding exons)
- ☐ Panel for acute megakaryocytic leukemia :[1]
  ☐ t(1;22) RBM15-MKL1 ☐ t(11;12) NUP98-JARID1A ☐ INV(16) CBFA2T3-GLIS2
- ☐ Panel for acute lymphoblastic leukemia :[1]
  ☐ t(9;22) ☐ t(12;21) ☐ t(1;19) ☐ t(4;11)
- ☐ Panel for non-lymphoblastic leukemia :[1]
  ☐ inv(16) ☐ t(9;11) ☐ t(15;17) ☐ t(8;21)
- ☐ Panel for MLL leukemia :[1]
  ☐ t(1;11) ☐ t(6;11) ☐ t(10;11) ☐ t(4;11) ☐ t(9;11)
  ☐ t(11;19) MLL/ENL ☐ t(11;19) MLL/ELL
- ☐ Other translocations :[1]
  ☐ t(5;11) NUP98-NSD1 ☐ t(6;9) DEK-NUP214 ☐ t(9;9) PAX5-JAK2
  ☐ t(11;17) MLL-LASP1 ☐ t(10;11) PICALM-MLLT10
- ☐ PAX5 : Sequencing (coding exons)
- ☐ RUNX1/AML1 : Sequencing (coding exons)
- ☐ TP53 : Sequencing (coding exons)
- ☐ Other : _____
- ☐ Alpha Thalassemia, deletions 3.7, 4.2, MED, SEA, FIL, THAI, 20.5
- ☐ Angioedema
- ☐ Hemoglobinopathy C
- ☐ Hemoglobinopathy S
- ☐ Hemophilia A (Factor VIII)
- ☐ Hemophilia B (Factor IX)
- ☐ Factor V Leiden R506Q
- ☐ Factor VII Deficiency
- ☐ Fetomaternal contamination detection
- ☐ MTHFR C677T
- ☐ Protein C Deficiency
- ☐ Prothrombine G20210A
- ☐ Quebec Platelet Disorder
- ☐ Von Willebrand Type 2, specify _____
- ☐ Other : _____
- ☐ Cerebral tumor (H3F3A : p.K27M and p.G34V/R; HIST1H3B : p.K27M)
- ☐ Fragile X syndrom
- ☐ Muscular dystrophy analysis by western blot :
  Ac dystrophin, Ac calpain and Ac dysferlin

FAMILY INFORMATION

Relationship with index case : _____

Index case name : _____

Additional sample sent for this family : _____

Family # : _____

Justification for requested test : _____

SAMPLE RECEPTION

Laboratoire Central
CHU Sainte-Justine
2nd floor, bloc 9
3175, Côte Sainte-Catherine
Montréal (Québec) H3T 1C5
Phone : 514-345-4642 Fax : 514-345-2339

PEDIGREE

1 : RT-PCR 2: PCR