

Today's date:	Store patient sample at room temperature Do not refrigerate
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PATIENT INFORMATION

Patient's last name:	First:	Middle:	Birth Date: <small>mm / dd / yyyy</small>	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Patient PHN #:	Bill to <input type="checkbox"/> MSP <input type="checkbox"/> Institution		Sample Collection Date <small>mm / dd / yyyy</small>	Time <small>hh / mm</small>

REASON FOR TESTING

<input type="checkbox"/> Bone Marrow Failure	<input type="checkbox"/> Immunodeficiency	<input type="checkbox"/> Lymphoid Malignancy	<input type="checkbox"/> Myeloid Malignancy
<input type="checkbox"/> Pulmonary Fibrosis	<input type="checkbox"/> Other Lung Disease	<input type="checkbox"/> Other, please specify:	

ORDERING INFORMATION

Ordering Physician:	Dept.:	
Hospital:		
Address:		
City:	Prov:	Postal Code:
Ordering Physician Signature:	Results to be sent by: <input type="checkbox"/> Fax: <input type="checkbox"/> Email:	

MSP COVERAGE FOR TELOMERE LENGTH TEST REQUIRES APPROVAL BY A BC HEMATOPATHOLOGIST

Hematopathologist Authorization or Signature	Name and MSP Practitioner Number
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TEST REQUESTED

Repeat Diagnostics uses the Flow FISH procedure. Turnaround time is within 3 weeks

2-Panel Assay Telomere length measurements for total **lymphocyte** and **granulocyte** populations only. (P93048)

The 2-panel assay should be performed first, with the use of the 6-panel assay limited to cases with inconclusive 2-panel assay results. Further approval by a Hematopathologist is required prior to requesting the 6-panel assay

6-Panel assay Telomere length measurements for total **lymphocytes** and **granulocytes** as well as **B-cells, T-cells** and **NK cells** (P93049)

PATIENT MEDICAL INFORMATION

Who can order the Telomere length Measurement assay

MSP covered Telomere testing is currently restricted to Clinical Hematologists, and test approval by a Hematopathologist is required.

- Testing is restricted to patients with clinical and/or laboratory evidence of Telomere Biology Disorders (TBDs) and to genetically-related candidate stem cell donors for patients with identified TBDs;
- The 2-panel assay (P93048) should be performed first, with the use of the 6-panel assay (P93049) limited to cases with inconclusive 2-panel assay results. Further approval by a Hematopathologist is required prior to requesting the 6-panel assay;



TELOMERE LENGTH MEASUREMENTS SPECIMEN COLLECTION

BEFORE COLLECTION OF BLOOD

Sample should **only** be collected and shipped between Monday and Friday, Samples collected on Friday need to arrive at RDx no later than 1:00PM

Requisition Form check list

- Patient name is filled in and matches blood tube ID (first identifier)
- Second patient identifier (date of birth, unique ID number) is filled in and matches blood tube
- Ordering information is complete and signed by a Hematopathologist

- Result send out information is completed

SPECIMEN COLLECTION

- Label the specimen tube with:
 - Patient Name and ID #
 - Age
 - Sex
- Date and time of collection
- Collect blood in EDTA anti-coagulant tube.
- 5-10ml of blood is required for successful testing.
- Store patient sample at **room temperature** until pick-up by courier.
- All blood shipments to Repeat Diagnostics must arrive within 2 days and in good condition.



SHIPPING

1. Place blood collection tube(s) in sealable plastic bag.
2. Ship on day of collection to:

Repeat Diagnostics Inc.
Suite 309 - 267 West Esplanade
North Vancouver, BC V7M 1A5
604-985-2609