

Today's date <u>MM/DD/YYYY</u>			Store patient sample at room temperature Do not refrigerate		
PATIENT INFORMATION					
Patient's last name:		First:	Middle:	Birth date <u>MM/DD/YYYY</u>	
				Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> Unknown	
Patient PHN #	Bill to <input type="checkbox"/> MSP <input type="checkbox"/> Institution	Sample Collector <u>Name/Id</u>		Sample Collection Date <u>MM/DD/YYYY</u>	Time <u>HH/MM</u> (AM/PM)
REASON FOR TESTING					
<input type="checkbox"/> Bone Marrow Failure		<input type="checkbox"/> Immunodeficiency		<input type="checkbox"/> Lymphoid Malignancy	
<input type="checkbox"/> Pulmonary Fibrosis		<input type="checkbox"/> Other Lung Disease		<input type="checkbox"/> Myeloid Malignancy	
		<input type="checkbox"/> Other, please specify:			
ORDERING INFORMATION					
Ordering Physician Name:		MSP#	Dept.:		
Hospital:					
Address:					
City:			Prov:	Postal Code:	
Ordering Physician Signature:			Results to be sent by:		
Who will receive a copy of the test results:			<input type="checkbox"/> Fax:		
Physician's name		MSP#	<input type="checkbox"/> Email:		
Physician's name		MSP#			
MSP COVERAGE FOR TELOMERE LENGTH TEST REQUIRES APPROVAL BY A BC HEMATOPATHOLOGIST					
Hematopathologist Authorization signature or (Send email approval to the RDx laboratory)			Name and MSP Practitioner Number MSP#		
TEST REQUESTED					
Repeat Diagnostics uses the Flow FISH procedure. Turnaround time is within 3 weeks					
<input type="checkbox"/> 2-Panel Assay Telomere length measurements for total lymphocyte and granulocyte populations only. (93048)					
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					
<input type="checkbox"/> 6-Panel Assay Telomere length measurements for total lymphocytes and granulocytes as well as B-cells, T-cells and NK cells . (93049)					
PATIENT MEDICAL INFORMATION					
<p><i>The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts</i></p>					

Who can order the Telomere length Measurement assay

Requests for MSP covered Telomere testing is currently restricted to Clinical Hematologists or Medical Geneticists. 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 (93048) should be performed first, with the use of the 6-panel assay (93049) 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
- Send out result 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