

Test Selection

- Targeted Whole Exome Sequencing
 Family segregation
 Confirmatory Sanger sequencing validation

This specimen is (specify):

- Proband's Mother Proband's Father Other Family Member

Specimen Information

Sample type

- Whole Blood (in EDTA, 2-5 ml in lavender top tube)
 Oral Rinse (At least 30 mL of Scope oral rinse in 50ml falcon tube)
 DNA, source _____

Collection Date (YYYY-MM-DD):

Label each tube with the subject's initials, PHN, and specimen collection date. Sample label must match requisition form.

 Patient has had a blood transfusion No Yes

Date of last transfusion (YYYY-MM-DD) _____

Specimens are not accepted for patients who have had:

- allogeneic bone marrow transplants;
 - blood transfusion <2-4 weeks prior to specimen collection
- DNA must be extracted in a suitably certified laboratory

Ordering Physician Information

Physician Name:

MSP Number (in BC):

Street Address:

City: Province:

Postal Code:

Institution:

Phone:

Fax:

E-mail address:

Additional Report Recipient 1

Physician/GC * Name:

*Genetic Counselor

MSP Number (in BC):

Phone:

Fax:

E-mail address:

Additional Report Recipient 2

Physician/GC * Name:

*Genetic Counselor

MSP Number (in BC):

Phone:

Fax:

E-mail address:

Requesting Laboratory (for confirmatory Sanger sequencing validation only)

Facility Name:

Street Address:

City: Province:

Postal Code:

Telephone:

Fax:

Contact Name:

HGNC gene symbol:

Genomic position (hg19):

Ref/Alt allele:

HGVS* DNA change:

HGVS* protein change:

 *<http://varnomen.hgvs.org/recommendations/general/>

Neurocode Labs Use Only

Received Date:

(Family member information Sticker)

Received Person:



Payment Information (required)

Name:	Contact Neurocode Labs, Inc. for pricing. <input type="checkbox"/> Cheque or Bank Draft (make payable to Neurocode Labs, Inc.) in Canadian funds. <input type="checkbox"/> Bank Transfer – please contact Neurocode Labs, Inc. for account information: accounting@neurocode.com
Street Address:	
City:	
Province/State:	
Postal Code:	
Country:	
Phone:	

Family Member Information

Last Name:		First Name and Initials:	
DOB (YYYY-MM-DD):	Sex (check one): <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> unknown	PHN:	
Relationship to Patient: <input type="checkbox"/> Proband's Mother <input type="checkbox"/> Proband's Father <input type="checkbox"/> Other (specify _____)			
Index Patient's Name:			
Ethnicity (check all that apply): <input type="checkbox"/> African <input type="checkbox"/> Ashkenazi <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> First Nations <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify _____)			
Affected: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, please provide detailed medical records			
Pedigree:			



Physician's Statement and Signature

*This test is **medically necessary** for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results could direct medical management and treatment decisions. By my signature below, I indicate that I am the referring physician and/or authorized health care provider. I have explained the purpose, possible results and limitations of the test described above. The patient and/or patient's legal guardian has been given the opportunity to ask questions and/or seek genetic counseling. The patient, or the patient's legal guardian, has given informed consent for the test described above to be performed.*

Ordering Physician's Signature:

Date (YYYY-MM-DD):

Patient Consent to Receipt of Secondary (incidental) Findings

According to the current CCMG position statement (PMID: 25951830), Neurocode Labs does not intentionally search for variants unrelated to the patient's primary indication. However, it is possible that during the analysis, variants associated with conditions other than those relevant to patient's presentation are incidentally identified. Such findings are termed as secondary findings or incidental findings. Incidental findings are only included if variants are interpreted as pathogenic or likely pathogenic and if the patient consented to the return of these secondary findings.

I, the patient, or the patient's legal guardian, have had the implications and limitations of the requested genetic test, including the possibility of secondary findings, explained by the referring physician or health care provider and give informed consent to have the test, described above, performed.

Check this box if you wish to receive CCMG secondary findings.

Patient/Guardian's Signature:

Date (YYYY-MM-DD):

Requisition Instructions

Instructions for the proper completion of the test requisition can be found on our website at <http://www.neurocode.com/tests.html>, under the “Test Requisition Form” section.

Shipping Instructions

Samples should be shipped according to IATA, ICAO and TDG regulations. ***All samples should be transported at room temperature and shipped on the same day or as soon as possible after sample collection/processing.*** If possible, samples should be collected Monday to Wednesday to ensure delivery to our facility before the weekend.

Sample handling/storage information prior to shipping:

Blood - samples can be stored at 4°C (for no longer than 3-4 days) or at -20°C for longer periods.

Oral rinse – samples should be stored at 4°C until ready for transport.

DNA - should be stored at -20°C until ready for transport.

Packages should include:

- 1) labelled sample(s) (with subject’s initials, PHN and sample collection date)
- 2) the corresponding completed test requisition. **Please note:** samples that do not meet the requirements listed at <http://www.neurocode.com/samples.html> *will be rejected*. Incomplete test requisitions will result in testing delays, or possible sample rejection.

Ship samples to the following address:

Neurocode Labs, Inc.

Attn: Dr. Matthew Farrer

Room 5524, 2405 Wesbrook Mall

Vancouver, BC

Canada V6T 1Z3

If you have any questions regarding sample collection/processing and shipping, please do not hesitate to contact at info@neurocode.com.