

Patient Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Gender:  Male  Female

For Canada Only

Health Card #: \_\_\_\_\_

Version: \_\_\_\_\_

Issuing Province: \_\_\_\_\_

## Metabolic Diseases & Genome Diagnostics

[www.sickkids.ca/dplm-requisitions/](http://www.sickkids.ca/dplm-requisitions/)

## Carrier Screening: Tay-Sachs Enzyme Testing & Ashkenazi Jewish Molecular Panel

### Referring Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_

Signature (required) \_\_\_\_\_

### Specimen Collection Information

Date (DD/MM/YYYY) \_\_\_\_\_ Time (hh:mm) \_\_\_\_\_

### Copy Report To

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Shipping Information

- Ship Monday – Friday only, excluding statutory holidays. Do **NOT** freeze or refrigerate blood
- Blood samples at room temperature must be received within 24 hours after collection, arriving at SickKids by 1200hr (noon)
- Prepared leukocyte samples **must** be sent on dry ice
- Consult the laboratory if other arrangements are necessary

### Shipping Address

The Department of Paediatric Laboratory Medicine  
The Hospital for Sick Children  
555 University Avenue  
Room 3642, Atrium (Rapid Response Lab)  
Toronto, ON, M5G 1X8

**INDICATE TEST(S) REQUIRED BELOW** (Choose one, or both tests and appropriate tubes for each)

### Tay-Sachs Enzyme Screening ( $\beta$ -Hexosaminidase)

#### Sample Submission

- For all patients: 5 mL **red top** (clotted) tube **AND** 5–7 mL **green top** (lithium or sodium heparin) tube **or** prepared leukocytes

#### Sex

Male  Female

#### Currently on birth control?

Yes  No  NA

#### Currently pregnant?

Yes  No  NA *If yes, LMP: \_\_\_\_\_*

#### Is there a history of Tay-Sachs disease in the family?

Yes  No

### Ashkenazi Jewish Molecular Genetics Carrier Screening

#### Sample Submission

- For all patients: minimum 4mL **purple top** (EDTA) tube

#### Recurrent mutation analysis (7 diseases):

- Bloom syndrome
- Canavan disease
- Familial Dysautonomia
- Fanconi Anemia Group C
- Mucopolysaccharidosis Type IV
- Niemann-Pick disease (Type A & B)
- Tay-Sachs disease

**Ethnicity**  Ashkenazic  Sephardic  French Canadian  Cajun  Non-Jewish  Other: \_\_\_\_\_

#### If expedited testing is requested, please indicate reason

Pregnancy (Gestational age (weeks): \_\_\_\_\_)

Other (Specify: \_\_\_\_\_)

#### Laboratory Use

Specimen(s) received #:

Red Top: \_\_\_\_\_ Green Top: \_\_\_\_\_ Purple Top: \_\_\_\_\_