

MOLECULAR/BIOMARKERS REQUISITION
Hereditary and Pharmacogenetics

Department of Laboratory Medicine and Molecular Diagnostics



Address / Contact:

Sunnybrook Health Sciences Centre
2075 Bayview Avenue, Toronto, ON M4N 3M5
<https://sunnybrook.ca/content/?page=dept-labs-moleserv>
Email: molecular.services@sunnybrook.ca
T: 416-480-4012 F:416-480-4271

Patient Information:

Name: _____
MRN: _____
DOB: _____ Sex: M / F
Health Card#: _____

Instructions:

1. Fill out the sections for Patient, Specimen and Referring Physician information.
2. Select test(s).
3. Collect the required specimen.
4. Send completed requisition with specimen at room temperature to SHSC room E410.
5. For shipping to Sunnybrook, collect sample Monday to Thursday ONLY and send with same day or next day delivery.

Specimen:

- 3 mL peripheral blood in EDTA
Collection Date: _____
- Extracted DNA
Tissue source: _____
Concentration: _____ ng/uL
Volume: _____ uL

Referring Physician Info:

Name: _____
CPSO: _____
Address: _____

Phone: _____ Fax: _____
Signature: _____
cc: _____
(Include any other relevant treating physicians)

Hereditary / Pharmacogenetic Tests

- DPYD (c.557A>G, c.1129-5923C>G, c.1679T>G, c.1905+1G>A and c.2846A>T)
- * F2 (prothrombin) (20210G>A)
- * F5 (factor V leiden thrombophilia)
- * MTHFR (C677T)
- * HFE (C282Y, H63D)
- * TPMT (c.238G>C, c.460G>A, c.719A>G)
- * HLA-B*5701

Lab Use Only:

* Indicates testing for non-Sunnybrook patient will be billed to the referring physician, hospital or laboratory