

Paediatric

Referring Laboratory

Name: _

170 Elizabeth Street Room 3642, Atrium Toronto, ON, M5G 1X8, Canada

Tel: 416-813-7200 x2 Fax: 416-813-5431

Laboratory Medicine

(CLIA # 99D1014032)

Metabolic Diseases

www.sickkids.ca/dplm-requisitions/

Patient Last Name:	
First Name:	
Date of Birth (DD/MM/YYYY):	
Gender: Male Female	
For Canada Only	
Health Card #:	Version:
Issuina Province:	

Time (hh:mm) _

Specimen Collection Information Date (DD/MM/YYYY) _____

Testing is provided for medical purposes only and results are not intended for forensic use. The laboratory is not a forensically accredited laboratory.

Carrier Screening: Tay-Sachs Enzyme Testing

NOTE: Please use separate Ashkenazi Jewish Molecular Panel Testing Requisition, if required.

Address:		
	Copy Report To	
Phone: Fax:	Name:	
Email address:	Address:	
Ordering Physician	Phone Fax	
Shipping Information	Shipping Address	
Ship Monday – Friday only, excluding statutory holidays. Do <u>NOT</u>	The Department of Paediatric Laboratory Medicine	
freeze or refrigerate blood	The Hospital for Sick Children	
Blood samples at room temperature must be received within 24 hours of the collection, arriving at Sight (ide by 4200br (need)).	170 Elizabeth Street	
after collection, arriving at SickKids by 1200hr (noon)	Room 3642, Atrium (Rapid Response Lab)	
Prepared leukocyte samples <u>must</u> be sent on dry ice	Toronto, ON, M5G 1X8	
Consult the laboratory if other arrangements are necessary		
INDICATE TEST REQUIRED BELOW		
Tay-Sachs Enzyme Screening (ß-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		
Ethnicity Ashkenazic Sephardic French Canadian	Cajun Non-Jewish Other:	
Lumicity Ashkeriazic Sephanic Trendi Canadian	Outer	