

MOLECULAR REQUEST FORM

Unistel Medical Laboratories (Pty) Ltd

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Requisition No	Unistel Lab No
Barcode	

The specimen request form MUST accompany each specimen

Patient Information					GENETIC ANALYSIS (Please tick off requested test)		
Patient ID No:							
Surname:			Title: [Mr][Ms][Dr][Prof]		Alfa-1-antitrypsin genotype		
Name:					Alzheimer Risk Factor (E4)		
Birth date:		y	m	d	Gender: M <input type="checkbox"/> F <input type="checkbox"/>		
Address:					Apo E		
Phone (H):		Cell:			Cystic Fibrosis (CF) Delta F508 and 30 more prevalent European CFTR mutations		
I certify that the above information is correct and give specific consent for selected test(s) to be done. In the case of BRCA1 and 2: I understand that it is a risk assessment only and that the test does not always lead to the identification of a genetic alteration which predisposes to cancer. Should I test negative for genetic alterations, I may still develop sporadic cancer. I undertake to pay all outstanding fees not covered by medical aid. I fully understand the implication of the test requested and have received adequate pre-test counselling. (Sign Consent Form)					DNA profile for Identification		
					Familial Hypercholesterolemia (LDLR)		
					Fragile-X		
					Hemachromatosis (C282Y, H63D and S65C)		
HLA B27		Huntington disease		Leber's hereditary optic neuropathy			
Signature:		Patient / Guardian		Payment		Leiden Factor V (FV)	
Referring Physician / Medical Facility					MTHFR (Homocystein)		
Referring Physician Name:					Prothrombin (PTH)		
Pathology Practice:					Variegate Porphyria (VP)		
Reporting Address:					Other (specify)*:		
Phone:					BRCA 1 and BRCA 2 [#]		
Fax:					Option 1: 6 common Afrikaner + Ashkanazi Jewish BRCA 1 and 2 mutations		
Email:					Option 2: Specific known familial mutation. Specify mutation name:.....		
Account To					Option 3: Full BRCA 1 and 2 mutation screen		
(<input checked="" type="checkbox"/>)	Pathologists:	Guarantor:	Medical Aid	Cash	Other cancer (specify)*:		
Guarantor ID number:					*Other DNA diagnostic tests can be arranged, as Unistel collaborates with European based laboratories. # For medical aid claims, authorisation must be obtained. (Please contact Unistel first) Authorisation No:.....		
Guarantor Surname & Initials:							
Guarantor Address:							
Member No:		Medical Aid:					
Specimen							
Specimen Type:	Peripheral Blood	Bone marrow	Cord blood	Amnion fluid	CVS / Tissue		
(<input checked="" type="checkbox"/>)	EDTA	EDTA					
Collected by:			Site:				
Date collected:		y	m	d	Time collected:		
Specimen Receipt at Unistel (office use)					Counselling (Contact Unistel laboratories)		
Received by:					Genetic Counselling		
Date received:		y	m	d	Time received:		