

Paediatric

Referring Laboratory

Name: _____

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

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

(CLIA # 99D1014032)

Laboratory Medicine

Metabolic Diseases www.sickkids.ca/dplm-requisitions/

Patient Name:	
Preferred Name (if different):	
Date of Birth (DD/MM/YYYY):	
Legal Sex: Male Female Non-	binary/U/X
Sex Assigned at Birth (if different): M	ale Female Unassigned
Gender Identity): Male Female	Non-binary/U/X
MRN:	
Patient's Name:	
Address:	
Provencial Health Card:	Version:
Issuing 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.

	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> 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 <u>must</u> be sent on dry ice Consult the laboratory if other arrangements are necessary 	The Department of Paediatric Laboratory Medicine The Hospital for Sick Children 170 Elizabeth Street Room 3642, Atrium (Rapid Response Lab) Toronto, ON, M5G 1X8	
INDICATE TEST REQUIRED BELOW		
Tay-Sachs Enzyme Screening (β-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:		
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