



THE HOSPITAL FOR
SICK CHILDREN

Paediatric
Laboratory Medicine

555 University Avenue
Room 3416, Roy C. Hill Wing
Toronto, ON, M5G 1X8, Canada
Tel: 416-813-7200 x1
Fax: 416-813-7732
(CLIA # 99D1014032)

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): Male Female Unassigned
Gender Identity: Male Female Non-binary/U/X
MRN:
Parent's Name:
Address:
For Canada Only
Provincial Health Card #: _____ Version: _____
Issuing Province: _____

Genome Diagnostics

www.sickkids.ca/genome-diagnostics

Request of Banked DNA for Clinical Testing

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

This request form applies to DNA aliquots for clinical testing only. If you would like an aliquot for research purposes, please contact us at the number above.

Requesting Physician

Name: _____
Address: _____

Phone: _____ Fax: _____
Email: _____
Signature: _____

Permission to access sample*:

I have attached a release of information/consent form signed by the patient/guardian.

If you are not the original referring physician who banked this sample this section of the form must be completed.

Aliquot Details

Amount of DNA requested

Standard (5–10ug) – or – _____(ug)

Transportation Details

Send DNA aliquot via FedEx
(Sample will be shipped within 10 business days.)

FedEx account number (required) _____

Recipient name _____

Recipient phone number _____ Ext. _____

Address of receiving laboratory at **your** institution
(third party send-outs are not available).

– or –

I will pick sample up at The Hospital for Sick Children,
Genome Diagnostics Accessioning Rm 3416, Roy C. Hill Wing.
(Open 9:00am–5:00pm, Monday–Friday. You will be notified, within
10 business days, when the sample is ready.)

Contact name _____

Contact email address _____

Contact phone number _____ Ext. _____

Preferred method of communication:

Email

Telephone

LABORATORY USE ONLY

Pedigree # / Patient #: _____

Date notified for pick-up (DD/MM/YYYY): _____

DNA #: _____

FedEx Tracking Number: _____