

REQUISITION FORM

TELOMERE LENGTH MEASUREMENT

Repeat Diagnostics 309 - 267 West Esplanade Ave. North Vancouver, BC V7M 1A5

Toll Free 1-855-295-7173 F. 778-340-1144

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Ordering Physician Last Name:	Patient Information Last Name:
First Name:	First Name:
Hospital:	Patient Sample ID#:
Department:	DOB (mm/dd/yyyy) Gender:
Address:	Specimen Collection Collect at least 5 ml of blood in a standard EDTA, or 10 ml or more if WBC is low or unknown.
City:	Collection Date: (mm/dd/yyyy)
Prov: Postal Code:	Collection Time: (hh:mm)
Authorized Signature:	Lab Contact Person:
(required)	
Payment Option Bill hospital: Address below Credit Card Bil Email	l patient: Check Provide address & Tel# below for receipt Credit Card (VISA or Mastercard in US funds
Address:	Credit card number:
City:	Exp. date: 3 digit code
Prov Postal Code:	Name on credit card:
Tel#:	Signature of cardholder (required):
Email:	For services performed by Repeat Diagnostics, please charge the above credit card in the amount of \$
TEST INFORMATION Turnaround time: within 3 weeks. For expedited service, please contact us.	
2-Panel Assay - measurements on total lymphocyte and granulocyte population	
6-Panel Assay - 2-Panel Assay PLUS measurements for B-cells, T-cells and NK cells	
Medical Consultation - \$250.00 for a written evaluation by a hematopathologist to accompany the test results. Provide pertinent patient information, such as family history, clinical history, current working diagnosis, symptoms and lab investigations. If the space allocated is not enough, please provide additional information on a separate sheet:	
RESULTS: Results can be emailed, faxed or both. Your preference:	
Tux number (5).	l address(es):
RDI #:	

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SPECIMEN COLLECTION AND SHIPPING PROCEDURE

BEFORE COLLECTION OF BLOOD

Sample should **only** be collected and shipped on Monday, Tuesday or Wednesday.

- **Requisition Form check list**
- □ requisition is signed by the requesting physician
- □ patient name is filled in and matches blood tube ID (first identifier)
- second patient identifier (date of birth, unique ID number) is filled in and matches blood tube
- □ result send out contact information is completed
- □ payment information is completed
- □ assay type (2 or 6-panel) and optional consultation are selected accordingly

SPECIMEN COLLECTION

- Label the specimen tube with:
 - Patient Name and ID #
 - Age
 - Sex
 - Date and time of collection
- Collect blood in EDTA anti coagulant tube.
- 5-10ml of blood is required for successful testing.
- All blood shipments to Repeat Diagnostics must arrive within 2 days and in good condition.

SPECIMEN PACKING AND SHIPPING

SHIPPING MATERIAL

- Shipping container (UN3373 box 9" X 4" X 4" labeled "Biological Substance Category B)
- Specimen bag or sealable plastic bag.
- Absorbent material such as paper towel.
- Packing tape.
- Address label.
- FedEx Clinical Pak (provided free of charge from FedEx)
- FedEx Intra Canada Air Waybill form.
- For more information on how to ship clinical samples visit FedEx at http://images.fedex.com/downloads/shared/packagingtips/pointers.pdf

SHIPPING

- 1. Place blood collection tube(s) in sealable plastic bag.
- 2. Place bag in shipping container. ICE PACKS ARE NOT REQUIRED
- 3. Place enough absorbent material in shipping container so that blood tubes do not roll around.
- 4. Seal shipping container with packing tape.
- 5. Attach address label to top of shipping container.
- 6. Place shipping container and requisition form inside FedEx Clinical Pak.
- 7. Fill out the Intra Canada Air Waybill form.
- 8. Ship on day of collection by **FedEx Priority** or FedEx First Overnight to:



Repeat Diagnostics Inc. Suite 309 - 267 West Esplanade Ave. North Vancouver, BC V7M 1A5 Canada

9. Inform Repeat Diagnostics by email at <u>test@repeatdiagnostics.com</u> of date shipped and tracking number.

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