



# GENETICS TEST REQUISITION FORM

PLEASE PRINT CLEARLY

PATIENT'S DETAILS					PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT				
SURNAME :				TITLE:	SURNAME :				
FIRST NAMES :			M	F	FIRST NAMES :				
TEL :		CELL :			TEL :		CELL :		
ID No									
D.O.B				____/____/____	REFERRING HEALTH PRACTITIONER AND SAMPLE COLLECTION DETAILS				
POSTAL ADDRESS :					HEALTH PRACTITIONER:				
					ADDRESS:				
					EMAIL:				
EMAIL ADDRESS :					TEL :		CELL :		
					PRACTICE NO:				
MED AID :		MED AID No:			SPECIMEN TYPE :		COLLECTION DATE :		
ICD 10 CODES:					SPECIMEN COLLECTED BY:				

ACCEPTANCE OF SAMPLE DETAILS AND TERMS AND CONDITIONS OF TESTING											
1. I accept that my genetic results will <u>not</u> be sent to me directly (ISO15189:2012: 5.9.1 Release of results). 2. I accept that my genetic results will be sent to my referring health practitioner/s or a health practitioner agreed upon as suggested by MDS for him/her to discuss with me. 3. I consent to tests requested, guarantee payment and verify that all information is correct. 4. I hereby give consent that the laboratory is allowed to release the diagnostic codes to my Medical Aid 5. For tests requiring a 5ml EDTA blood sample (genetic tests in the list below marked with an *), place the tube back in the MDS kit display pack (if provided) or plastic sample bag, contact MDS to arrange a collection and place the sample in the fridge until transporting to MDS laboratory. MDS should preferably receive the EDTA sample within 48hrs. Transport at room temperature. 6. P.T.O. for all other genetic tests requiring buccal swab sample collection. 7. I hereby give consent that my genetic material and clinical information may be included in a database for research, related to the test requested, without revealing my identity (Please indicate choice for No.7: YES ____ NO ____).								Signature:		Date:	
								.....			
								.....			

PAYMENT DETAILS (The patient is required to make upfront payment before testing begins at MDS laboratory)									
DIRECT DEPOSIT		CASH		CHEQUE		CREDIT CARD			
Banking Details : FNB, Westville Branch, Branch Code : 223526 Account No : 62109297912		We accept Visa, Master Card and American Express Cards							
								CW	
		EXP. DATE:				Credit Card Holder:			

GENETIC TESTS									
PLEASE INDICATE THE TEST YOU REQUIRE BY MAKING AN X. TESTS MARKED WITH AN * REQUIRE AN EDTA SAMPLE, TESTS MARKED WITH A ▲ REQUIRE A BUCCAL SWAB SAMPLE, THE REMAINING TESTS REQUIRE EITHER AN EDTA SAMPLE OR BUCCAL SWAB. RESULTS FROM ALL GENETIC TESTS MUST BE DISCUSSED WITH A HEALTH PRACTITIONER. MEDICAL AIDS MAY NOT COVER THESE TESTS.									
<input type="checkbox"/>	APC resistance Factor V Leiden mutation								
<input type="checkbox"/>	APC resistance Prothrombin G20210A mutation								
<input type="checkbox"/>	Ankylosing spondylitis (HLA B27)								
<input type="checkbox"/>	Apolipoprotein E mutation (Dyslipidaemia) E2/E3/E4								
<input type="checkbox"/>	▲ Cardiovascular genetic screen (ApoE, ApoB, MTHFR C677T + 1298A>C, FV, PTB, FXIII, B-Fibrinogen, PAI1, HPAI, HFE C282Y)								
<input type="checkbox"/>	▲ Detoxification-oxidation screen (GSTT1, GSTM1, MnSoD, CYP2D6)								
<input type="checkbox"/>	* Population specific BRCA 1 & 2 mutations - (limited population specific mutations) (Please complete separate BRCA test tick list form to be sent on request)								
<input type="checkbox"/>	* Full BRCA 1 & 2 screen - (Next Generation Sequencing - NGS)								
<input type="checkbox"/>	▲ GenePro wellness screen (ApoE, MTHFR C677T + 1298A>C, FV, PTB, PAI-1, HFE C282Y, GNB3, ADRB2, FABP2, FTO Intron 1 T>C, PPARg, IL-6, TNFa, GSTT1, GSTM1, MnSOD, COMT, CYP2D6)								
<input type="checkbox"/>	Hereditary haemochromatosis (HFE C282Y, H63D, S65C)								
<input type="checkbox"/>	Hyperhomocysteinaemia (MTHFR C677T + 1298A>C mutations for methyltetrahydrofolate reductase)								
<input type="checkbox"/>	Insulin resistance (PPARg)								
<input type="checkbox"/>	Lactose intolerance (MCM6)								
<input type="checkbox"/>	▲ Metabolic screen (MTHFR C677T + 1298A>C, GNB3, ADRB2, FABP2, FTO Intron 1 T>C, PPARg, IL-6, TNFa)								
<input type="checkbox"/>	▲ Muscle performance related mutation (ACTN3 R577X)								
<input type="checkbox"/>	▲ Oestrogen exposure-detoxification screen (MTHFR C677T + 1298A>C, GSTT1, GSTM1, COMT, MnSOD, CYP2D6)								
<input type="checkbox"/>	▲ Oestrogen exposure-thrombophilia screen (MTHFR C677T + 1298A>C, PAI-1, FV, Prothrombin, COMT)								
<input type="checkbox"/>	▲ Thrombophilia (recurrent pregnancy loss) (FV Leiden, Prothrombin, FXIII, PAI-1, HPA-1, β-fibrinogen, MTHFR C677T + 1298A>C)								
<input type="checkbox"/>	Variagate porphyria (PPOX R59W)								
<input type="checkbox"/>	Venous thrombosis (FV Leiden, Prothrombin)								
<input type="checkbox"/>	† Other genetic test (please specify mutation/s)								

† A request for any other genetic test not listed above will need to be discussed with MDS prior to sample collection and submission. P.T.O. for instructions for buccal swab sample collection for genetic tests using an MDS kit.


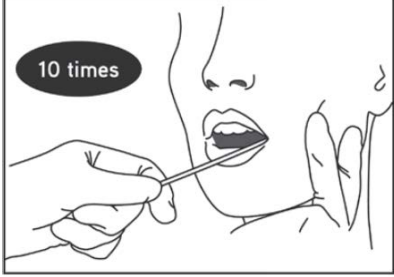
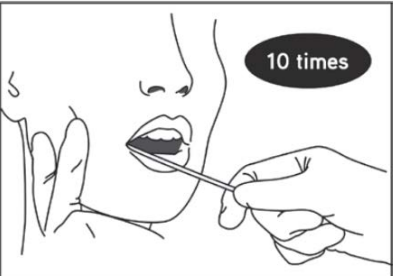
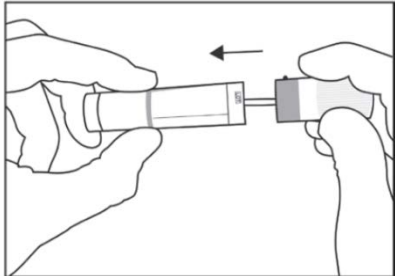

## Instructions for Buccal Swab Specimen Collection

Proper specimen collection is extremely critical for successful DNA analysis. Please follow the specimen collection procedures below.

During sample collection when handling the swab applicator, the operator must hold the swab from the handle or the upper part of the swab shaft.

NOTE:

- The individual submitting his/her sample must not eat, drink (apart from water), brush teeth or chew gum one hour before sample collection.
- The sample collection must be performed immediately once the aluminum pouch is opened.
- The swab must NOT be reinserted into the aluminum pouch after sample collection.

<p>1. Open the peel pouch. While holding the swab from the handle or from the upper part of the shaft, remove it from the pouch.</p>	<p>2. Holding the swab by the handle, insert the swab inside the mouth over the tongue and wet the swab with saliva.</p> 	<p>3. Move the swab to the side of the mouth and firmly roll the swab 10 times against the cheek, close to the gingival wall. Use the index and medium finger to press on the cheek while collecting the swab.</p> 
<p>4. Repeat step number 3 by transferring the swab to the other cheek to take more sample.</p> 	<p>5. After collection, replace the swab back into the plastic tube and close tightly. The tubes have an active drying system. Place the HGEN barcode label provided separately in the kit, onto the side of the tube. Fill in the date and the initials and surname of the individual whose sample was taken.</p> 	<p>6. Place the tube and completed forms inside the blue MDS ziplock bag and contact MDS on 031 267 7000 or <a href="mailto:reception@mdsafrica.net">reception@mdsafrica.net</a> for a courier to collect the sample. Transport at room temperature.</p> 

**Disclaimer:** In the event that Molecular Diagnostic Services (Pty) Ltd (MDS) returns a verifiable erroneous result for a particular sample, or if negligence is proven on the part of MDS, any claim against MDS is limited to the amount paid or to be paid to perform the test in question. In no event shall MDS be liable for direct, indirect, incidental, consequential, special or other damages of any nature even if MDS has been advised of the possibility of such damage.

Needles are inherently dangerous and because this product is used outside of our control, MDS will NOT be liable for any damages or injury caused by needles, the user accepting full responsibility for the use and safe disposal of the needles, which are entirely at the user's risk.

We realize the importance of confidentiality in the service we provide and undertake to abide by our Privacy Policy.

For further information about our Privacy Policy, please contact our office or visit our website [www.mdsafrica.net](http://www.mdsafrica.net).



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