2405 Wesbrook Mall, room 5524
Vancouver BC
V6T 1Z3
www.neurocode.com

Epilepsy Family Member Test Requisition Form

Ordering Physician

Last Name | First Name | Billing #

Address

City | Province | Postal Code

Phone | Fax

Copy Physician/Genetic Counsellor | Billing #

Phone | Fax

Copy Physician/Genetic Counsellor | Billing #

Phone | Fax

Patient Information

Last Name | First and Middle Names

Date of Birth (DD/MMM/YYYY) | PHN

Gender

☐ Male ☐ Female ☐ Unknown

Address

City | Province | Postal Code

Ethnicity (check all that apply):

☐ African ☐ Ashkenazi ☐ Asian ☐ Caucasian ☐ Indigenous
☐ Hispanic ☐ Other, *please specify*:

Proband Information

Last Name | First and Middle Names

Date of Birth (DD/MMM/YYYY) | PHN

Proband's Relationship to Patient

☐ Mother ☐ Father ☐ Other, *please specify*:

Sample Type

☐ Whole Blood (in EDTA)
Adult: 3mL minimum
Pediatric: 1mL minimum
☐ Oral Rinse: 30mL minimum
☐ DNA – source:

Collection Details

Date Collected (DD/MMM/YYYY) | Collector's Initials

Time Collected (HH:MM)

COLLECTION LAB LABEL ONLY

Samples are NOT accepted if the answer to either question is "Yes":

- Has the individual had a blood transfusion within 2-4 weeks of specimen collection? ☐ Yes ☐ No
- Has the individual had an allogenic bone marrow transplant? ☐ Yes ☐ No

Test Selection

☐ Sanger sequencing and family segregation analysis

Neurocode Labs Use Only

Receiver's Name:

Receive Date (DD/MMM/YYYY):

Neurocode Labs Label

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Family History of Neurological Disorders

☐ No Known Family History
☐ Adopted

Relationship	Gender	Maternal	Paternal	Neurological Disorder	Age at Dx
	☐M ☐F ☐UNK	☐	☐		
	☐M ☐F ☐UNK	☐	☐		
	☐M ☐F ☐UNK	☐	☐		
	☐M ☐F ☐UNK	☐	☐		
	☐M ☐F ☐UNK	☐	☐		
	☐M ☐F ☐UNK	☐	☐		
	☐M ☐F ☐UNK	☐	☐		

Other Relevant Family History

Physician's Statement and Signature

*This test is **medically necessary** for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results could direct medical management and treatment decisions. By my signature below, I indicate that I am the referring physician and/or authorized health care provider. I have explained the purpose, possible results (including incidental findings), and limitations of the test described above. The individual and/or their legal guardian have been given the opportunity to ask questions and/or seek genetic counseling. The individual and/or their legal guardian have given informed consent for the test described above to be performed.*

Ordering Physician's Signature	Date (DD-MMM-YYYY)

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Requisition Instructions

Instructions for the proper completion of the test requisition can be found on our website at http://www.neurocode.com/tests.html, under the "Test Requisition Form" section.

Collection Instructions

Instructions for the proper collection of specimens can be found on our website at http://www.neurocode.com/tests.html, under the "Sending Samples" section.

Shipping Instructions

Samples should be shipped according to IATA, ICAO and TDG regulations. ***All samples should be transported at room temperature and shipped on the same day or as soon as possible after sample collection/processing.*** If possible, samples should be collected Monday to Wednesday to ensure delivery to our facility before the weekend.

Sample handling/storage information prior to shipping:

Blood - samples can be stored at 4˚C (for no longer than 3-4 days) or at -20˚C for longer periods
Oral rinse – samples should be stored at 4˚C until ready for transport
DNA - should be stored at -20˚C until ready for transport

Packages should include:

1) Labelled sample(s) (with subject's initials, PHN and sample collection date)
2) The corresponding completed test requisition

Please note: samples that do not meet the requirements listed at http://www.neurocode.com/samples.html *will be rejected*. Incomplete test requisitions will result in testing delays, or possible sample rejection.

Ship samples to the following address:

Neurocode Labs, Inc.
Attn: Ilaria Guella
Room 5524, 2405 Wesbrook Mall
Vancouver, BC
Canada V6T 1Z3

If you have any questions regarding sample collection/processing and shipping, please contact us at info@neurocode.com.