Molecular Testing Request Form

Patient Name Plate Imprint

Patient Information

Name: ☐ Male ☐ Female Hospital:

Medical record No: ☐ In patient ☐ Out patient Date of birth: DD / MM / YYYY Nationality:

Weight: Height: Contact number: Address:

Diagnosis:

Referring Physician

Name: Hospital/Clinic/Polyclinic: Contact number:

Specimen Type

☐ Peripheral Blood (PB)
☐ Bone Marrow (BM)
☐ Solid Tumor (ST).
Tissue source ……
☐ Saliva
☐ FFPE Slice (10 µmx 3)
☐ FFPE Slide (4-5 µn)
☐ Extracted DNA (>5µg)
Source origin……
☐ Other (describe)……

For Oncology

Peripheral WBC Count: …… Blasts (%): ……..
Chemotherapy: ☐ Yes ☐ No ☐ Other (Specify) ……
Stage of malignancy: ☐ Presentation ☐ Remission ☐ Relapse
Type of solid tumor sample: ☐ Biopsy ☐ Surgical resection
FFPE: ☐ Tumor (….% cellularity) ☐ Matching normal tissue ☐ Matching lymph node

Indication For Testing

UNKNOWN MUTATION
☐ SYMPTOMATIC (Please Select One & Summarize Clinical Findings below)
☐ Possible Diagnosis ☐ Definite Diagnosis

If necessary, **attach additional pages for clinical description & family**

☐ ASYMPTOMATIC/ POSITIVE FAMILY HISTORY (Attach family pedigree)
Relationship to Proband ……

KNOWN FAMILY MUTATION TESTING
(Complete all fields below – Attach Proband report)
GENE SYMBOL: ……..……..
MUTATION: ……..……
☐ SYMPTOMATIC ☐ ASYMPTOMATIC
REALTIONSHIP TO PROBAND: ……..……

CONSANGUINITY: ☐ PRESENT ☐ ABSENT

Services Provided

Molecular Genetic Tests

☐ Nucleic Acid Test (NAT Test)

Argininosuccinate Lyase
☐ ASL (Exon 9)

Cystic Fibrosis
☐ CFTR common mutation panel

Duchenne Muscular Dystrophy
☐ DMD deletion

Epidermolysis Bullosa Dystrophica
☐ COL7A1 mutation (Exon 74, c.6187 C>T, p.Arg2063Trp)

Familial Hemophagocytic Lymphohistiocytosis, Type 5
☐ STXBP2 mutation (Intron 16, c.1485+1 G>A)

Frank-ter Haar syndrome
☐ SH3PXD2B mutation

Glucose 6 Phosphate Deficiency
☐ G6PD mutation

Haemoglobinopathies
☐ Sickle cell
☐ β-Thalassemia

Hearing Impairment
☐ GJB2 mutation

Multiple Mitochondrial Dysfunctions Syndrome
☐ ISCA2 mutation (c.229G>A, p.Gly77Ser)

Obesity
☐ FTO gene polymorphism

Spinal Muscular Atrophy
☐ SMN1 deletion
☐ SMN2 deletion

Thrombophilia
☐ Factor V –Leiden (G1691A)
☐ MTHFR (C677T)
☐ Factor II -Prothrombin (G20210A)

Myeloproliferative Neoplasm
☐ JAK2 - V671F
☐ JAK2 (Exon 12)
☐ CALR (Exon 8 & Exon 9)
☐ MPL-Exon

Haemtological Malignancies Mutation Screening
☐ FLT3 mutation
☐ ITD
☐ TKD-D835
☐ NPM1 mutation (Exon11)
☐ IDH1 (R132), IDH2 (R172)
☐ DNMT3A (Exon 23)

Haemtological Malignancies RNA Analysis:
☐ BCR/ABL t(9;22) Qualitative
☐ BCR/ABL t(9;22) Quantitative
☐ AML/ETO t(8;21) Qualitative
☐ AML/ETO t(8;21) Quantitative
☐ PML/RARA t(15;17) Qualitative
☐ PML/RARA t(15;17) Quantitative
☐ CBFB/MYH11 Qualitative
☐ CBFB/MYH11 Quantitative

Oncology sequencing
☐ BRCA1/BRCA2
☐ BRAF (V600E)
☐ HRAS
☐ KRAS
☐ NRAS
☐ IDH1 (R132), IDH2 (R172)
☐ RET
☐ PIK3CA

NGS Panels
☐ Thromboscan (23 Genes)
☐ InbornX metabolism; congenital errors in metabolism (60 genes)
☐ OTOscan; Hearing loss (84 Genes)
☐ Oncoscan; familial cancer genetic screening (74 genes)
☐ Clinic exome sequencing.
☐ (BRCAScan); familial cancer

Please, draw the family pedigree on the back of the request form.

FOR GENATI USE ONLY

Specimen Condition: Specimen Volume: (ml)

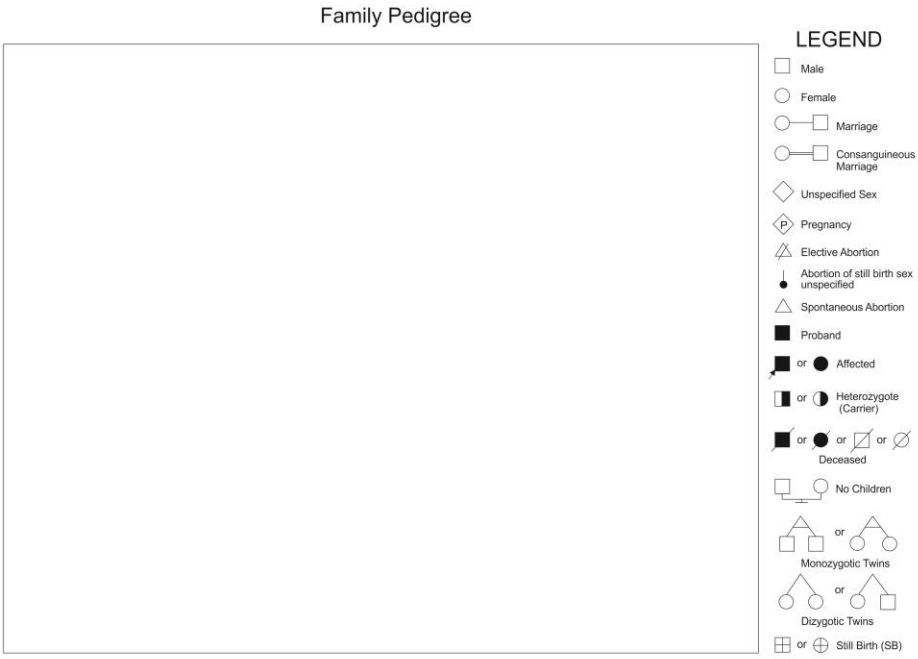
☐ Specimen Accepted Comments: ……..

Receiving date: DD / MM / YYYY Receiving time: :

☐ Specimen Rejected Reason for rejection……

Genati Specimen Number: - -

Physician notified? ☐ Yes ☐ No
Physician name: ……..



Instructions for Submitting Specimens for Molecular Testing

Each specimen must accompanied with a complete REQUISITION FORM that provides:

- The patient full name, medical record number, date of birth and gender (If forename has not been established for a new-born baby, requisition form must contain surname).
- Specimen type, time/date of specimen collection and test desired.
- Clinical indications, history and therapy (for oncology).
- Referring physicians name and contact number.
- Three generations pedigree should be provided for all patients.
- Specimen must contain full name and medical record number.
- Specimens will be rejected if clotted, haemolysed, low in volume, unlabelled properly, wrong container and improperly stored or transported.
- All specimen for molecular studies must be must be kept at room temperature. Refrigerate if there is a delay before delivery.

Hours of Operation:
Saturday-Thursday, 8:00 am-8:00 pm
Late hour and weekend delivery:
Please email/ contact Lab Manager and Lab Director

Molecular genetic Specimen Requirements
DNA Analysis
- Blood (Children and Adults): 3-4ml in EDTA tube.
- DNA: 1 µg of DNA in TE; preferred 100µl in sterile container at ~50ng/µl concentration for multi-gene/NGS panels.
- FFPE: Formalin-Fixed Paraffin-embedded tissue: sterile conditions/or container.
- Saliva: 1ml of freshly collected saliva in Oragene container per kit's specific instructions.

RNA Analysis
- Blood (Children and Adults): 3-5ml in EDTA tube.
- FFPE Slice (10µm x 3)/FFPE Slide (4-5µn) or FFPE block in sterile conditions.
- Fresh tissue in 15ml sterile tube filled with RNA later solution.

Flow cytometer
- Blood (Children and Adults): bone marrow aspirate or peripheral blood 1-2ml in EDTA tube.
- Bone marrow core: 1-2cm minimum core length in RPMI.
- Fluids and FNAs: Fresh tissue in 15 ml sterile tube filled with RNA later solution.

Immunohistochemistry
- FFPE Slice (10µm x 3)/FFPE Slide (4-5µn) or FFPE block in sterile conditions.

For packaging and shipping instructions, kindly refer to
www.royakau.com

Ro'ya Specialized Medical Laboratories
King Fahad Medical Research Center, King Abdulaziz University, Jeddah, Kingdom of Saudi Arabia
Tel: 6408222-Ext.64907-25200 Mobile:+966549779685 E-mail: roya-info@kau.edu.sa Website: www.royakau.com