Atypical Hemolytic Uremic Syndrome Panel Testing (Research Use Only)

LAB USE ONLY

Date Received:

Notes:

REASON FOR REFERRAL

Diagnostic Testing:

Affected

Unaffected

Current Rx:

Clinical Presentation:

TEST REQUEST

Atypical Hemolytic Uremic Syndrome Panel* (Research Only)
NGS panel includes deletion/duplication analysis.

C3, C9, CD46, CFB, CFH, CFI, DGKE, F12, INF2,
MMACHC, PLG, THBD, VTN, VWF

Please refer to separate requisition for follow up clinical testing to confirm identified variants and familial variant testing in related individuals.

PATIENT INFORMATION

INCOMPLETE REQUESTS WILL BE BANKED

Name:

Address:

Date of Birth:
YYYY/MM/DD

Health Card No.:

Sex: M F Unknown Unspecified

Birthsex: M F Unknown Unspecified

SAMPLE COLLECTION

Date Drawn:
YYYY/MM/DD

EDTA blood (lavender top) (5ml at room temp)

DNA (100ng minimum) Conc:

REFERRING PHYSICIAN

Authorized Signature is Required

Physician Name (print):

Signature:

Email:

Clinic/Hospital:

Address:

Telephone: Fax:

cc Report to:

Name:

Address:

Telephone: Fax:

Molecular Genetics Laboratory
Victoria Hospital, Room B10-123A
800 Commissioners Rd. E.
London, Ontario | N6A 5W9
Ph: 519-685-8122 | Fax: 519-685-8279

London Health Sciences Centre
Pathology and Laboratory Medicine