

SANOFI GENZYME STUDY REQUEST FORM
TRIAL
Patient Details:

 Title: Mr. Mrs. Ms Miss
 Surname: _____ Given Name: _____
 Date of Birth: ____/____/____ Gender: Male Female
Patient Address:

Phone: _____

Requesting Doctor: _____ **Copy To:** HXT76

Billing:
SANG
Collection Staff Instructions:
Collect: 1x 4mL EDTA tube.
 Label tube as per normal procedure

Tests Requested:

(Please tick one test only)

- | | |
|---|----------------------------------|
| Fabry Disease | SRA Code: K850 & O137 |
| Pompe Disease | |
| Gaucher Disease/ASMD (Niemann-Pick A/B) | |
| <input checked="" type="checkbox"/> Collection & Processing Fee | |

Clinical Notes
SRA Instructions-

 SRA make a copy of the original for scanning. Send original to aliquoting with sample.
 Aliquoting refer to Smartlab document CLI-OP-WI-0249
 Complete DBS card blotting as per instructions. Allow card to dry for at least 4 hours prior to sending in the reply paid pre-addressed envelope to Adelaide SA. Send the remaining blood tube to Storage

Doctor Signature NOT required

For Collection Staff Use

Staff ID: _____ Loc Code: _____ Type of collect: _____

I certify that the pathology specimen accompanying the request was collected from the patient stated above as established by direct inquiry.

Signature of person collecting specimen _____

Date of Collect: ____/____/____

Time of Collect: _____

11.05.17