



SANOFI GENZYME STUDY REQUEST FORM

TRIAL

**\*\*THIS IS A CLINICAL TRIAL AND SHOULD ONLY BE PROCESSED BY CLINICAL TRIALS STAFF\*\***

**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:**

**\*\*PLEASE SEND SPECIMENS IN A RED BAG\*\***

**Collect: 1x 4mL EDTA tube.**

Label tube as per normal procedure.

Send blood and paperwork into Collingwood Lab with the next available Courier in a RED bag marked: "Attention: Clinical Trials".

If you have any queries please contact Clinical Trials (92877907).

**Tests Requested:**

**\*\*DO NOT SRA - SEND TO CLINICAL TRIALS FOR PROCESSING\*\***

**(Please tick one test only)**

- Fabry Disease **SRA Code: K850**
- Pompe Disease
- Gaucher Disease/ASMD (Niemann-Pick A/B)
- Collection & Processing Fee

**Clinical Notes**

**Clinical Trials Staff Instructions:**

Complete DBS card blotting as per instructions (see document in Smartlab MPS-CT-EP-0172).

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: **RO**

*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: \_\_\_\_\_

5/04/2019