

SANOFI GENZYME STUDY REQUEST FORM

TRIAL

Patient Details:

Surname: _____ Given Name: _____
 Date of Birth: ____/____/____ Gender: Male Female

Patient Address:

Phone:

Requesting Doctor:

Copy To: HXT76
 Sonic Commercial Pathology

Pay Cat:

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 to SNP Bowen Hills "Attention: Clinical Trials".

If you have any queries please contact Clinical Trials (3377 8782).

Tests Requested:

****DO NOT PROCESS - SEND TO CLINICAL TRIALS FOR PROCESSING****

(Please tick one test only)

- Fabry Disease **SRA Code: COLL**
 Pompe Disease
 Gaucher Disease/ASMD (Niemann-Pick A/B)

Clinical Notes

Is the patient fasting: YES NO

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.

For Collection Staff Use

Staff ID:

Loc Code:

Type of collect: **S**

DO NOT ENTER INTO E-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: _____