



SANOI GENZYME TIER 2 STUDY REQUEST FORM

CORPORATE

****NB: SPECIMENS TO BE PROCESSED BY SRA STAFF AS PER NORMAL PROCEDURE****

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: tubes as per tests requested below.

Label tubes as per normal procedure.

****NB: place EDTA tubes and Urine pot on ICE PILLOWS****

Send specimens and paperwork into Collingwood Lab with the next available Courier in a RED bag.

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

Tests Requested:

(Please indicate tests required)

SRA Code: K851

- Fabry Disease (Lyso-Ceramide Trihexoside Lyso GL3/Lyso-GB3)
(Collect: 1x 4mL EDTA)
- Gaucher Disease (Glucosyl-sphingosine Lyso-GL1)
(Collect: 1x 4mL EDTA)
- Pompe Disease (Urine Glucose Tetrasaccharides)
(Collect: at least 10mL Random Urine)

MPS Laboratory Staff Instructions:

SRA & Data Enter as per normal procedure.

Give specimens to SAW Dept. for refrigerated shipment to: SA Pathology Core Laboratory, Women's & Childrens Hospital, Level 4 Rieger Building, 72 King William Rd, North Adelaide SA 5006.

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: _____

31.07.18