



CONSTITUTIONAL LABORATORY REQUEST FORM

Patient Details					1	Sample Requirements		
NHI:		D.O.B:						
Surname:		Sex:	F	/ M		Lithium Heparin Blood (2 -5 mL)		
First Name/s:		DHB of Domicile:				Date & Time of Colle	ction:	
Requested by:		Date:				Reference Numb	er	
C&SRGS #		Lab File #						
				UF	RGEN	Т		
				RC	DUTIN	IE		
Reason for Referral and Test required (please give details)								
		KARYOTYI	PE []				
		FISH	C]				
N.B. For microarray or molecular referrals please use specific referral and consent form available on www.wellingtongenetics.co.nz								

Consent

In submitting this sample the referring clinician confirms that patient consent has been obtained for genetic testing and storage.

 Wellington Regional Genetics Laboratory

 Title:
 798.5 Constitutional Karyotype and FISH Request Form
 Manual: Fo

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 Written by: Rachel Beddow
 Authorised

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