


CONSTITUTIONAL LABORATORY REQUEST FORM

Patient Details				Sample Requirements	
NHI:		D.O.B:			
Surname:		Sex:	F / M	Lithium Heparin Blood (2 -5 mL)	<input type="checkbox"/>
First Name/s:		DHB of Domicile:		Date & Time of Collection:	
Requested by:		Date:		Reference Number	
C&SRGS #		Lab File #			

URGENT

ROUTINE

Reason for Referral and Test required (please give details)
<p>KARYOTYPE <input type="checkbox"/></p> <p>FISH <input type="checkbox"/></p>
<p>N.B. For microarray or molecular referrals please use specific referral and consent form available on www.wellingtongenetics.co.nz</p>


Consent

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