

**LAB USE ONLY** DO NOT FILL OUT

Date received: Y _____ M _____ D _____

Specimen type: _____

Condition: _____

MRN: _____ Tech: _____

Form 1b: BAP1-TPDS Genetic Test Requisition (*BAP1 Tumor Predisposition Syndrome*)**Patient**

Last name: _____

First name: _____

Date of birth: Y _____ M _____ D _____

Gender: Male Female**Ordering Options** **Proband** - *BAP1* full sequencing and copy number **Known familial mutation** - *BAP1* targeted sequencing

Has the Patient had uveal melanoma prognostic testing done at Impact Genetics?

 Yes No**Sample** Blood – 10ml EDTA DNA from blood stored at Impact Genetics*Please call to ensure sufficient volume is available.***Clinical History** – *Check all that apply* Uveal melanoma Mesothelioma Melanocytic skin tumors Renal cell carcinoma Other (specify type): _____**Family History**

Relationship to Patient: _____

Type of cancer: _____

Age at diagnosis: _____

Relationship to Patient: _____

Type of cancer: _____

Age at diagnosis: _____

Relationship to Patient: _____

Type of cancer: _____

Age at diagnosis: _____

Relationship to Patient: _____

Type of cancer: _____

Age at diagnosis: _____

Relationship to Patient: _____

Type of cancer: _____

Age at diagnosis: _____

Referring Specialist

Name: _____

Specialty: _____

Contact: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____

Institution: _____

Address: _____

City: _____ Prov/State: _____

Postal code: _____ Country: _____

Additional copies to: _____

Email: _____ Fax: _____

Billing a) Institution

Provide details: _____

 b) Patient Pay*Complete Form 1d: Credit Card Authorization for Non-Covered Services.* c) Third party insurance (USA only)*Complete Form 1c: U.S. Insurance Information and to expedite testing, complete Form 1d: Credit Card Authorization for Non-Covered Services.***How to arrange genetic counselling**

Patient is required to login to genetic counseling services portal: http://impactgenetics.com/genetic_counseling/
Or call, 855 GC CALLS (855-422-2557).

Telegenetics appointment will be scheduled at which time genetic counseling will be provided by a board certified genetic counselor.

1100 Bennett Road - Unit 4, Bowmanville, ON L1C 3K5
t: 647-478-4902 or 1-877-624-9769 f: 905-697-9786
e: info@impactgenetics.com *Please ensure to use secure email*