

**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 Date Collected: Y _____ M _____ D _____☐ **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**☐ **Isolated Case**☐ **Positive Family History***Please complete pedigree.*

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: _____

Pedigree**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.***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.

115 Midair Court, Brampton, ON L6T 5M3**t: 647-478-4902 or 1-877-624-9769 f: 905-697-9786****e: info@impactgenetics.com** *Please ensure to use secure email*

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