

MOLECULAR (DNA) BANKING REQUISITION

Center for Human Genetics, Inc.

Riverside Technology Center

840 Memorial Drive, Suite 101

Cambridge, MA 02139

Co-directors: Aubrey Milunsky, M.D., D.Sc., Jeff Milunsky, M.D.

Phone: 617-492-7083

Fax: 617-492-7092

Website: <http://www.chginc.org>**FOR CHG LAB USE ONLY:**

Date received: _____

Pedigree #: _____

Family name: _____

Sample type: _____

Lab #: _____

Patient Name: _____☐ Male ☐ Female

Last

First

MI

Hospital/Patient ID#: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Referring Provider: NPI #: _____**Additional Provider or Referring Laboratory:**

Physician signature: _____

Name: _____

Name: _____

Address: _____

Address: _____

City

State

Zip Code

City

State

Zip Code

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Genetic Counselor: _____

Email: _____

Phone: _____ Fax: _____

Email: _____

**** DNA Banking Consent form, Access form, and billing information MUST accompany sample and requisition form.******Ethnicity:**☐ Ashkenazi Jewish☐ French Canadian☐ Caucasian☐ African American☐ Asian☐ Hispanic☐ Sephardic Jewish☐ Armenian☐ Turkish☐ Mediterranean☐ Arabic☐ Other: _____**Diagnosis/Additional Information :****Sample Collection Date:** _____**TEST REQUESTED:** ☐ DNA BANKING****Specimen Recommendation for DNA Banking: 10-20cc of blood in EDTA anticoagulant (lavender top tube)****

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Name: _____
Last First MI

Date of Birth: _____

INFORMED CONSENT FOR DNA/LYMPHOBLAST BANKING

I/We _____ request and authorize the Molecular Genetics Laboratory at the Center for Human Genetics, Inc. to isolate DNA/establish a cell line from a blood/tissue specimen obtained from _____ (name of person whose sample is being banked), so that such DNA/cell line may be preserved for my/my family's future medical use. In the event that no DNA/cell line is obtained from this current specimen, I/we understand that an additional specimen will be requested.

I/We understand that no testing will be performed on this sample without written authorization from myself or my legal guardian. This sample will be released to another facility for testing only at the written request of myself or my legal guardian. The Center for Human Genetics, Inc. will not be held responsible for the results of diagnostic testing performed on this sample at other facilities.

I/We understand that the Center for Human Genetics, Inc. will retain this DNA/cell line in its repository for the useful life of the sample. While the Center for Human Genetics, Inc. does not intend to cease operation of the DNA/lymphoblast banking facility, should any change affecting the storage of samples occur, the Center for Human Genetics, Inc. will use all reasonable efforts to notify each donating family to determine the disposition of the sample. Although the Center for Human Genetics, Inc. will use all reasonable efforts to store the sample safely, I/we understand that the integrity of the stored sample could be compromised by equipment or power failure, flood or other catastrophe, possibly rendering the sample inadequate for requested testing in the future. In addition, the protocols that the Center for Human Genetics, Inc. will use to store the sample may not be sufficient for all types of genetic tests that may be developed in the future.

My signature below acknowledges my understanding of and agreement to all of the foregoing as well as my voluntary participation in DNA/lymphoblast banking.

Signature (patient): _____ Date: _____

OR

Signature (legal guardian/health care proxy): _____

Witnessed by: _____ Date: _____

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Name: _____
Last First MI

Date of Birth: _____

ACCESS TO BANKED DNA

I/We _____ agree to provide access to my banked DNA at
the Center for Human Genetics, Inc. to (***see list below***) in the event of my death.

Name: _____ Email and/or phone #: _____

Name: _____ Email and/or phone #: _____

Name: _____ Email and/or phone #: _____

Name: _____ Email and/or phone #: _____

Name: _____ Email and/or phone #: _____

Signature (patient): _____ Date: _____

OR

Signature (legal guardian/health care proxy): _____

Witnessed by: _____ Date: _____

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Name: _____ **Date of Birth:** _____
Last First MI

BILLING

For DNA banking, there is a one-time fee of \$500. Please complete the form below for credit card payment. Certified checks are also accepted.

Credit card type: (Please circle) MasterCard VISA American Express

Card holder name:

Credit Card #:

Expiration Date:

Security Code:

Amount to Authorize: \$500.00

Signature:

Contact Name:

Contact Email:

Contact Telephone # ()

Certified checks should be made payable to:

Center for Human Genetics, Inc

Federal Tax Id #04-3154223

If you would prefer to be contacted for payment when we receive the sample, please provide contact information below:

Contact Name: _____ **Telephone #:** _____

DNA Banking Sample Requirements and Shipping Information

1. Draw 2 lavender top (EDTA anticoagulant) tubes of blood (10-20 cc) from the patient. Label the tubes with the patient's full name, date of birth, and the date of collection. Maintain the labeled blood samples at room temperature. (Note: Sample stability is approximately 5-7 days at room temperature.)
2. Seal the labeled tubes inside a sealable plastic bag (e.g., Ziploc bag) along with an absorbent material (e.g., paper towels) that is sufficient to absorb the entire volume of blood if the tubes should break.
3. Pack the sealed plastic bag inside a rigid container (a cardboard or Styrofoam box). Add padding (paper towels or bubble wrap) to protect the contents. Close and secure the rigid container.
4. Pack the 5-page DNA Banking Requisition and the rigid container together inside either a FedEx or UPS Clinical Pak. (Note: The FedEx and UPS Clinical Paks both display the required "UN3373 Biological substance, Category B" marking.)
5. To generate a shipping label, go online to Fedex.com or UPS.com. Address the package to:
Center for Human Genetics, Inc.
Riverside Technology Center
840 Memorial Drive, Suite 101
Cambridge, MA 02139
6. Attach the shipping label to the Clinical Pak. Seal the Pak by removing the plastic liner.
7. Send by Priority Overnight delivery (Next Business Morning). Send package to arrive Monday through Friday. Do not mark for Saturday delivery. Be alert for Monday public holidays and avoid delivery on long-weekends. **DO NOT USE EXPRESS MAIL THROUGH THE POST OFFICE.**
8. If you have any questions at any time, please call us at (617) 492-7083 and ask to speak to a DNA Coordinator.