Lab Use Only

Res Lab #: _____

Date Rec'd: _____

Time Rec'd: _____

Initials: _____

National Inherited Bleeding Disorder Genotyping Laboratory

Department of Pathology and Molecular Medicine
Queen's University, Kingston, Ontario

AHCDC

Hemophilia A and B Genotype Testing Requisition

Patient Name: _____ **Sex:** Male ☐ Female ☐
(Surname, First Name)

DOB: ____/____/____ **Unique Identifier:** _____ **CBDR #:** _____
YY MM DD eg. Health card #, Hospital #

Date of specimen collection: ____/____/____ **Phlebotomist:** _____
YY MM DD

Referring Clinic: _____ **Report to:**_____ **Fax #:** _____

Test Requested: **Hemophilia A** ☐ **Hemophilia B** ☐

Coagulation Factor Level: **Factor VIII** _____ U/mL **Factor IX** _____U/mL

Inhibitor: Yes ☐ No ☐ **Inhibitor Titre:** _____ B.U.

Has intron 22 inversion testing been done? Yes ☐ No ☐

Information Requested:
☐ Confirmation of diagnosis
☐ Carrier status
☐ Prenatal diagnosis

Pregnant? Yes ☐ No ☐

Have samples from this family been sent to this lab before? Yes ☐ No ☐

If Yes, specify _____

Relationship to this patient _____

Sample Requirements:

6 cc whole blood

EDTA (lavender top) or

ACD (yellow top) or

DNA

Ship to:

Attn: Gina Jones/Samira Kheitan
Department of Pathology and Molecular Medicine
Queen's University, Richardson Laboratory, Room 201
88 Stuart St., Kingston, Ontario K7L 3N6
Tel: 613-533-3187 FAX: 343-344-2733
Email: NIBDGL@ queensu.ca

National Inherited Bleeding Disorder Genotyping Lab
Sample Collection Instructions

Requisitions:

1. Samples must be accompanied by a completed requisition form.
2. Submitted patients must have a documented rationale for testing:
   - For affected hemophilia A or B patients, a clotting factor activity level must be provided.
   - For VWD patients, VWF:Ag, VWF activity (specify test used), FVIII:C, and multimer information must be provided.
   - For carrier testing, a documented family history or a coagulation factor level must be provided.
   - For carrier testing, information on the family variant if available must be provided.
   - For prenatal testing, information on the family variant if available must be provided.
3. Incomplete requisition forms will result in delayed sample testing.

Sample Collection and Shipment:

1. Samples acceptable for testing:
   - Venous whole blood (minimum 6 cc) collected into EDTA (lavender top) or ACD (yellow top) evacuated tubes.
   - Expired tubes should not be used.
   - If blood is being drawn from an intravenous line for laboratory testing, two times the dead-space volume should be discarded.
   - When drawing blood specimens for several examinations during a single venipuncture, the "order of draw" shall be: (1) blood culture; (2) coagulation specimens; (3) serum tube with or without clot activator or gel; (4) heparin; (5) EDTA; (6) glycolytic inhibitor.
   - For prenatal samples, the referring clinic is responsible for extracting DNA from cultured amniotic fluid and performing maternal cell contamination (MCC) studies.
   - DNA (minimum of 15 µg at 150 ng/µL); for some cases smaller samples are acceptable.
   - Patient ID must be verified and samples labelled using two unique identifiers.
   - Samples shall be collected using routine practices/standard precautions.
   - Materials for sample collection shall be safely disposed of according to institutional protocols.
2. Ship packages on a Monday, Tuesday, Wednesday, Thursday as follows:
   - Shipping conditions: DNA (ambient temperature), unfrozen whole blood (cold packs), frozen whole blood (dry ice). Please note: Whole blood specimens collected in EDTA tubes are considered viable for up to 5 days when stored and shipped on cold packs. If shipment is delayed beyond 5 days from the time of collection, the specimen should be frozen and shipped on dry ice. Unfrozen blood samples are preferred and should be shipped on cold packs whenever possible.
   - Place the samples in sealable plastic bags with absorbent material.
   - Include completed requisition and consent form.
   - Ship overnight. Contact courier for complete shipping instructions.
3. Attach the following labels to the outside of the box/package:
   - Dry ice label (if applicable).
   - Return address label (including the contact name and telephone number).
4. Ship to: **Attn: Gina Jones/Samira Kheitan**
   Department of Pathology and Molecular Medicine
   Queen's University, Richardson Laboratory, Room 201
   88 Stuart Street, Kingston, Ontario K7L 3N6
   Tel: 613-533-3187 FAX: 343-344-2733 NIBDGL@queensu.ca

Results:

- Turnaround time is approximately 3 months from the time of sample submission but may be longer for rare genes or for carrier testing if familial variant is unknown.
- If the family-specific variant is known, urgent reporting can be completed within several weeks. Please indicate this on the requisition form.
- For prenatal testing, maternal cell contamination studies are the responsibility of the referring clinic.
- Results will be faxed only to the referring clinician or designate listed on the requisition.
- Results will also be entered into the Canadian Bleeding Disorders Registry (CBDR) when possible.