RUTGERS
New Jersey Medical School

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Rutgers, The State University of New Jersey
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Genomics Lab: 973-972-3170
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RUTGERS CLINICAL GENOMICS REQUISITION:

PEDIATRIC Precision Medicine

Patient Information

Name: _____ _____ _____
LAST NAME FIRST NAME MI

Medical Records#: _____

Date of Collection: _____/_____/_____
MM DD YY

Sex: ☐Female ☐Male

Sample Type: ☐Blood ☐Amniotic Fluid ☐POC ☐Skin Biopsy
☐Other(Specify) _____

Reporting Information

Physician: _____
Institution: _____
Phone: _____
Email/Fax: _____

Additional Professional Report Recipients
Name: _____
Institution: _____
Phone: _____
Email/Fax: _____

Indication for Study

Pediatric Precision Medicine Testing (Orderable in EPIC) *Purple/EDTA vacutainer except for Chromosomal analysis			
☐ NEURO	Comprehensive Neurology Sequencing Panel	☐MEDEX	Medical exome
☐CGH	SNP/CNV Microarray Analysis, Constitutional	☐EPI	Epilepsy and Seizure Disorder Panel
☐CBR	Chromosome Analysis, Constitutional *Dark Green/Heparin tube	☐ AUT	Autism and Intellectual Disability Panel
☐IRDP	Inherited Recessive Disease Panel	☐ MITO	Mitochondrial DNA Sequencing

Single Gene Tests (Orderable in EPIC) *Purple/EDTA vacutainer		FISH Tests (Orderable in EPIC) *Dark Green/Sodium Heparin Vacutainer	
☐ DMD	Deletion/duplication for DMD	☐FINT03	Trisomy 21 (LSI 21), 21q22
☐FXMO	Fragile X FMR1 molecular analysis	☐FINT201	Sex Determination, CEPX/CEPY
☐CF2000	CFTR Gene Sequencing	☐ FINT01	Trisomy 13 (RB1), 13q34
☐ SC	Sickle Cell Disease	☐ FINT02	Trisomy 18 (D18Z1), 18cen
☐ MYO	Myotonic Dystrophy (DM1)	☐FINT03	Trisomy 21 (LSI 21), 21q22
☐ SMA	Spinal Muscular Atrophy (SMN1 & SMN2)		
☐ HCR	Hereditary Hemochromatosis		

Other Tests (Please Specify)

PARENTAL STUDIES

Name of Proband: _____ **DOB:** _____ **MR#** _____

Testing Requested: _____

Name of Parent (MOTHER): _____ **DOB:** _____ **MR#** _____
Sample submitted: ☐ SALIVA ☐ BLOOD ☐ BUCCAL

Name of Parent (FATHER): _____ **DOB:** _____ **MR#** _____
Sample submitted: ☐ SALIVA ☐ BLOOD ☐ BUCCAL

PEDIATRIC Precision Medicine

Guidelines for Sample Collection and Submission

Prior to Collection

Order Testing:

- **EPIC**
  - **Order testing in EPIC. Simultaneously, submit the filled in paper requisition form.**
  - **If testing does not appear – please order as an MSO and clearly type the test requested in the paper requisition form with test code- with a notation in EPIC "please send to Clinical Genomics lab at MSB F656"**
- **Patients:**
  - **All patients must be identified positively, by a minimum of two patient identifiers prior to specimen collection for clinical testing.**
  - **Patients with a recent history of blood transfusion (<30 days) are not able to submit whole blood specimens, but can submit saliva samples.**

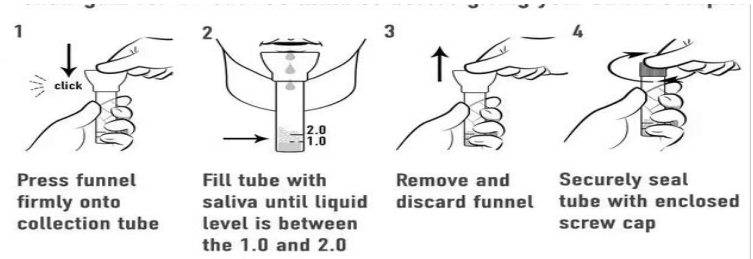
Collection of Specimens

Peripheral blood

- **3-5cc of whole blood in Lavender/EDTA vacutainer**
  - **minimum blood volumes of 0.5cc. for newborn/pediatric patients.**
  - **Label tube with Patient Name, DOB, Date of collection and Medical record Number. Place the labeled specimen tube into the biohazard bag with the appropriate intake form**

Saliva

- **Please contact the laboratory for saliva collection devices, to be provided upon request. All kits are to be stored according to the manufacturer's requirements and only to be used before the expiration date.**



- **Steps**
  - **Hold the tube and remove the stopper.**
  - **Place funnel into tube.**
  - **Check tube indicator to fill with saliva until this mark**
  - **Expel saliva into tube until mark**
  - **Remove and discard the funnel, replace the stopper**
  - **Label tube with Patient Name, DOB, Date of collection and Medical record Number. Place the labeled specimen tube into the biohazard bag with the appropriate intake Form.**

Specimen Submission

- **Send the blood or saliva samples to UH C107 Accessions lab or contact the Rutgers Clinical Genomics (973-972-3170) to arrange pick up of the specimen.**
  - **If the specimen cannot be picked up same day, please keep saliva specimen at room temperature until send for accessioning. Please store blood at 2-6C or at room temperature.**