

CONGENITAL SUCRASE ISOMALTASE DEFICIENCY (CSID) SEQUENCING

Molecular Development Laboratory
Dept. of Pediatrics, University of Washington

CLIA # 50D1058955

SEND ONE REQUISITION FOR EACH SAMPLE SUBMITTED:

Name (Last, First):		DOB:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Sample Drawn:
Ethnic Background:	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> European Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American	

REPORT RESULTS TO:

BILL TO: Reference # (if applicable): _____

Referring Physician / Lab:	Referring Physician / Lab (we are <u>unable</u> to bill patient or patient's insurance):
Hospital / Institution:	Hospital / Institution:
Address:	Address:
City, State Zip:	City, State Zip:
Tel:	Tel:
Fax:	Fax:
E-Mail:	E-Mail:

TESTING TO BE PERFORMED

- Congenital Sucrase Isomaltase Deficiency
 - S/ entire coding region
 - Panel for 4 common mutations
 - Circumpolar 5-mutation panel:
4 common + c.273_274delAG
 - Known mutation analysis _____, _____

TYPE OF SAMPLE YOU ARE SENDING

- Whole Blood (minimum of 3 cc in lavender EDTA or yellow ACD tubes)
- Blood spots
- Extracted DNA
- Other _____

INDICATION FOR TESTING

- Family history (include pedigree)
 - Prenatal testing
 - Carrier testing
 - Confirm known mutation
- Enzyme activity _____

PLEASE PROVIDE CLINICAL HISTORY / SYMPTOMS:

SHIPPING INFORMATION:

Whole blood sample should be drawn Monday through Thursday and shipped the same day for OVERNIGHT DELIVERY, in a spill-proof kit, labeled biohazard, at room temperature. Samples must be received from Monday through Friday.

SHIPPING ADDRESS:

Molecular Development Lab
Dept. of Pediatrics, 356320
University of Washington
Room RR-335, 1959 NE Pacific St
Seattle, WA 98195-6320
tel: +1.206.543.3370

If shipping via Alaska Goldstreak, prior to shipping, call 206-543-3370 to provide tracking and flight numbers, so we can arrange for sample pick up.

