
Grade _____	LOT _____	Expiry Date _____		

Barcode



TEST REQUISITION FORM NEUMETABOLOMICS PROGRAM

Patient Detail

Name

DOB D D M M Y Y Y Y Age Gender M F Ethnicity

Email Contact No.

Sample Collection : Date Time

Referring Clinician

Name Contact No.

Hospital Email

Test Requested

<input type="checkbox"/> Hemoglobinopathies	<input type="checkbox"/> 7 Bio	<input type="checkbox"/> Hb + 7 Bio
<input type="checkbox"/> TMS	<input type="checkbox"/> 7 Bio + TMS	<input type="checkbox"/> Hb + 7 Bio + TMS
<input type="checkbox"/> GC-MS*	<input type="checkbox"/> TMS + GC-MS*	<input type="checkbox"/> 7 Bio + TMS + GC-MS*
<input type="checkbox"/> Hb + 7 Bio + TMS + GC-MS*	<input type="checkbox"/> LSDs (6 disorders)	<input type="checkbox"/> 7 Bio + TMS + GC-MS*+ 6-LSDs
<input type="checkbox"/> Hb + 7 Bio + TMS + GC-MS* + 6-LSDs		

*CG-MS(Urine Sample Required), 7 Bio-(BIOT,PKU,GALT,CFTR,G6PD,CAH,CH), 6LSDs-(Gaucher,Pompe,Fabry,krabbe,MPS-I,NPD-A/B).

Clinical Details

Please provide relevant clinical details.

Please note : The samples must reach the lab within 12-24 hours of collection

PATIENT CONSENT : I have had the opportunity to ask questions to my healthcare provider regarding this test, including the reliability of test results, the risks and the alternatives prior to giving my informed consent. I have read and understood the above/ have been explained the above in a language of my understanding and permit NDPL to perform the recommended analysis. I understand that a repeat sample may be required in case if the lab results are not reportable due to any reason. I understand that the data derived from my testing may be stored indefinitely as a part of the laboratory database. The data is always stored in de-identified form. I understand my de-identified data/sample may be used for research collaborations as well as scientific presentations and publications.

Signature of Clinician Signature of Guardian



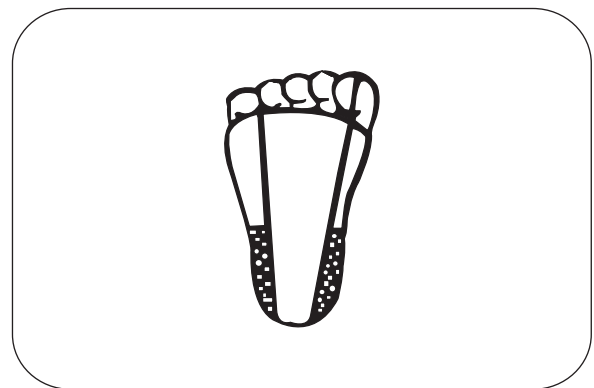
Points to Be Considered During Sample Collection

1 Ensure parents or guardians of the child understand the test and provide consent for the baby to be screened.

2 Make sure the test requisition form is duly and correctly filled by the parent or guardian


3 Steps for blood sample collection

- Sterilize and dry the skin of the baby's heel
- Make a superficial prick, puncturing the most lateral portion of the planar surface on the heel
- Allow a large blood droplet to form (without excessive squeezing) and then apply blood to the front side of the filter paper only





Here are more details on acceptable and unacceptable sample collection

✓

 Circle filled and evenly saturated

- Allow blood to soak through the back of the filter paper
- Allow blood spots to air-dry thoroughly for 3 to 4 hours at room temperature (hang in a clip or put on a sterilised surface)
- Keep away from direct sunlight and heat
- Completely dry the soaked filter paper before dispatch
- Submit the sample to the laboratory within 24 hours of collection

✗

 Layering
  Insufficient, Multiple applications
  Serum ring present

- Do not handle the filter paper portion before sample collection as skin oils may prevent saturation.
- Do not layer successive drops of blood.
- Do not allow contamination of the collected sample.
- Do not allow filter paper to touch other contaminated/dirty surfaces while drying.
- Do not superimpose one wet filter paper on another before thorough drying.

4 Steps for urine sample collection

Follow either of the two methods.

- While changing the diaper, place filter paper in the baby's diaper near the genital area. Ensure that urine passed is absorbed on the filter paper. Avoid stool contamination during this process
- Collect around 20 to 25 ml of urine in a clean, sterilised plastic container. Hold the filter paper from the coloured end and soak it in the urine collected until completely absorbed

5 Reporting and further queries

- A validated and comprehensive report will be shared within 4 days with the clinician and the parent or guardian.
- In case of abnormal findings or positive screen results, our onboard counselors will discuss further steps with the parent & the clinician
- For any further queries, feel free to get in touch with [+91 6357244307](tel:+916357244307) or customer.support@ncmgglobal.com