



Children's & Women's Health Centre of British Columbia
PATHOLOGY & LABORATORY MEDICINE

STUDY REQUISITION

Blood

HOSPITAL #	SEX	BIRTHDATE		
		DAY	MO	YR
LAST NAME		FIRST NAME		INITIAL
ADDRESS				
ADDRESSOGRAPH				
PHN #			TELEPHONE	
STUDY SUBJECT ID: X _____				

R623 – X Chromosome Inactivation (XCI) Skewing

SUNQUEST 6.4 LOG IN -

- Patient ID: **R623-**
- Enter Patient demographics including PHN
- Financial Class field: Type **NC**
- Site Code: CWH
- Order Codes- **RES5**

COLLECTION - Collection KIT not provided; use C&W in house supply

1 x 0.5 ml microtainer EDTA

and

4 X 4 ml EDTA tube (purple top)

Label all tubes with SUNQUEST labels.

Record Date and time of collection.

Note any problems with sample collection on this requisition

DISPATCH –

Please call the Robinson lab at local **3015** for immediate sample pick-up.

Document:

Date / Time called: _____ Called by: _____

Forward this requisition to the inbox of Laboratory Research Coordinator Rm 2J28.

Collection Date:

Time:

Initials / ID#: