the children's hospital at Westmead

The Sydney children's Hospitals Network

For bookings and enquiries
Special Haematology
Haematology Department
Pathology
The Children's Hospital at Westmead
(02) 9845 3293 or (02) 9845 3302
SCHN-CHW-SpecHaem@health.nsw.gov.au

Corner Hawkesbury Road
and Hainsworth Street
Locked Bag 4001
Westmead, Sydney,
NSW, Australia, 2145
schn.health.nsw.gov.au
ABN 53 188 579 090

Telomere length measurement by FLOW FISH

REQUISITION AND SERVICE AGREEMENT FORM

NOTE:

This is not a routine test and prior booking is necessary (see contacts above). Samples must arrive at The Children's Hospital at Westmead laboratory within 24-36 hours of collection and prior to **12pm on Wednesday**.

Specimen type (2 types of tubes):

- Collect whole blood **minimum 6 to 8 ml** (or **15 to 20 mls** if the white cell count is < 2x10^9/L) in a Lithium heparin tube without gel.
- Collect **1 to 2 ml** of blood in a **EDTA** tube without gel

PATIENT DETAILS:

Surname: ______________________

First name: ______________________

DOB: ______________ Sex: M / F

Address: ______________________

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FBC RESULTS:

(FBC collected on same day as telomere sample): Fill the details here or attach FBC report

WCC: ________x10^9/L **MCV:** ________fl

Lymph: ________x10^9/L **ANC:** ________x10^9/L

Hb: ________g/L **Platelets:** ________x10^9/L

CLINICAL INFORMATION/INDICATION FOR TELOMERE LENGTH MEASUREMENT:

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ORDERING PHYSICIAN:

Name: ______________________

Provider No.: ______________________

Department: ______________________

Hospital/Institution address: ______________________

Phone: ______________________

Fax ______________________

Email ______________________

Signature: ______________________

SPECIMEN HANDLING AND TRANSPORT:

- The sample must arrive in the laboratory within 24-36 hours of collection and prior to 1pm on a Wednesday (special transport arrangements may be necessary).
- The sample must be kept at room temperature at all times (even brief periods of cooling or freezing will alter results).
- Shipping address:
  Special Haematology, Haematology Department
  Pathology Reception, Level 2
  The Children's Hospital at Westmead
  Hawkesbury Road Corner Hainsworth Street
  Westmead NSW 2145

  Main laboratory contact: (02) 9845 3302 or (02) 9845 3293

  SCHN-CHW-SpecHaem@health.nsw.gov.au

SERVICE AGREEMENT:

☐ Do not send reports to My Health Record

Please note that this is not a Medicare-rebatable test. Testing will not commence until this service agreement has been completed and received by the Haematology Department at The Children's Hospital Westmead.

Cost per sample: AUD 500 (+GST)

Person responsible for payment:

Name: ______________________

Address: ______________________

Phone: ______________ Fax: ______________

Authorised signature: ______________________

Telomere length measurement by FLOW FISH Requisition and Service Agreement Form - Version: 2.1. Index: PAT6415/1219. Printed: 17-Mar-2022 09:17
Authorised on: 27-Apr-2021. Authorised by: Julie Curtin. Document Unique Reference: 824-106367045. Due for review on: 23-Mar-2022
Author(s): Raja Vasireddy

RESULTS: Results will be forwarded by email/fax/mail to the ordering physician or the corresponding pathology lab.

RCPA The Royal College of Pathologists of Australasia · NATA
Accredited for compliance with NPAAC Standards and ISO 15189 Accreditation no. 2254
PAT6415/0321

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