



REQUISITION FORM FOR SAMPLES FOR IFAR REGISTRY

Indication for study: *Entrance into International Fanconi Anemia Registry (IFAR)*

Please read Collection and Shipment Instructions before obtaining any sample

Please call one of our Genetic Counselors/Study Coordinators:

Jennifer Kennedy at 212-327-8612 or Erica Sanborn at 212-327-8613

Or

Frank Lach, Laboratory Manager, at 212-327-8862 with any questions

PATIENT NAME: _____ HOSPITAL NO. _____

BIRTHDATE: _____ sex: _____ height: _____ weight: _____

REFERRING PHYSICIAN: _____

PHYSICIAN'S CONTACT INFORMATION:

Address: _____

Telephone #: (____) _____ Fax #: (____) _____

For blood samples (in green top sodium heparin tubes):

Date drawn: _____ Time: _____ Amount: _____ WBC : _____

For cultured or frozen fibroblasts:

Date Set Up: _____ Site of biopsy: _____

Are these primary cells? Y/N If not, please specify: _____

Are cells cultured or frozen? _____ Date sent: _____

For buccal swabs:

Date swabbed: _____ # of swabs provided: _____ Date sent to RU: _____

For genomic DNA samples:

Date Extracted: _____ Method: _____

Amount: _____ (µg) Concentration: _____ (µg/mL)

Does patient have diagnosis of Fanconi anemia? Yes/No

If Yes, age at dx: _____

Does patient have aplastic anemia? Yes/No

Please circle any of the following abnormalities that apply:

- | | | |
|--------------------|--------------------|-----------------------|
| thumb and radius | other skeletal | cardiac |
| cafe au lait spots | kidney | GI |
| genital | urinary tract | eye, microphthalmia |
| ear, deafness | growth retardation | learning disabilities |
| OTHER _____ | | |

If No, relationship to person with Fanconi anemia (please circle one):

- | | |
|---------------------------|-----------------------|
| Parent of FA patient | Sibling of FA patient |
| Grandparent of FA patient | Other: _____ |

To my knowledge, this patient has consented to be in the study. I have informed the patient that this sample is being sent for research and we may or may not receive results. If results are obtained, the patient understands that results would need to be confirmed in a clinical laboratory. I have also informed the patient that this research may involve genetic testing and that the results of this test could have implications for his or her family.

SIGNATURE OF PERSON ORDERING THE TEST _____ DATE: _____