

# Te Whatu Ora

## Health New Zealand

Capital, Coast, Hutt Valley and Wairarapa

Wellington Regional Genetics Laboratory (WRGL)  
Wellington Hospital  
Private Bag 7902  
Wellington 6242  
Tel: (04) 918 5352  
Fax: (04) 385 5822  
Email: [MolecularSection@ccdhb.org.nz](mailto:MolecularSection@ccdhb.org.nz)



### MS Oncology Ovarian Genetic Test Form

(Attach label or complete details)		Requested by:  Print name / Designation:  Extra copy to:	Sample date:
NHI:	DOB:		
Family Name:	Given Name:		
Sex:			
<b>Clinical Details / Family History</b> (Please provide details if there is a family history of cancer)		<b>Test details</b>	
<b>Shipping Instructions</b> <u>Please send blood sample with this original request and consent form to:</u>  Wellington Regional Genetics Laboratory Level 6 Ward Support Block Wellington Hospital Riddiford Street Wellington 6021 Phone: (04) 9185352		<b><u>Send-away laboratory details</u></b> Labplus - Auckland	
		<b><u>Specific test required:</u></b>  Diagnostic MS Ovarian panel (BRCA1/2 PALB2 RAD51C/D BRIP1)	
		<b><u>Priority</u></b> Urgent - reason (include treatment time-frame) ..... .....  Routine – Results in 8-12 weeks  All samples will be tested on a routine basis assuming testing is occurring close to diagnosis unless otherwise specified.	
<b>Consent</b> <input type="checkbox"/> I acknowledge that informed patient consent is the responsibility of the ordering clinician  <input type="checkbox"/> Signed consent is enclosed or stored in the patient medical records.		<b><u>Molecular Genetics Sample: Adult</u></b> <input type="checkbox"/> 4 ml EDTA	

Laboratory request authorised by: Clive Felix  
Date of Approval – 26 Aug 2020

Wellington Regional Genetics Laboratory  
<http://www.wellingtongenetics.co.nz/>