

Specimen Collected: _____
/ /

DNA SAMPLE INTAKE FORM

Today's Date: _____
/ /

DNA BANK

Seattle Children's
Molecular Genetics Laboratory A-6901
4800 Sand Point Way NE
Seattle, WA 98105

LABORATORY CONTACTS

Lisa Sniderman-King Monica Jensen
Genetic Counselor Supervisor, Molecular Laboratory
(206) 987-1406 (206) 987-3872

Please send:

Minimum 3-5 ml whole blood in ACD (yellow) or EDTA (purple) top tube

Ship overnight, at room temperature

Please ensure that signed consent form accompanies sample or is faxed to (206) 987-3840.

COMPLETE PEDIGREE DIAGRAM ON BACK OF SHEET

PLEASE COMPLETE A SEPARATE FORM FOR EACH FAMILY MEMBER

Seattle Children's Med Rec #: _____ Financial #: _____

Name: _____ Birthdate: _____ / _____ / _____

Family Diagnosis: _____ Sex (circle): Female Male

Proband: _____ Race: _____

BILLING INFORMATION:

Please complete this section if you are not sending a complete Seattle Children's Genetics Requisition

BILL TO: Patient Insurance (attach copy of card) DSHS (Seattle Children's can accept Medicaid for Washington, Alaska, Montana & Idaho only)
 Agency (provide the billing address)

Guarantor / Insurance Policy Holder: _____

Subscriber Name: _____

Address: _____

Phone Number: () - Employer: _____

Medical Coverage: _____

Claims Address: _____

Subscriber Number: _____ Group Number: _____

Primary Physician: _____ Phone Number: () -

SEND CONFIRMATION TO:

Doctor / Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () - Fax Number: () -

DNA BANK USE ONLY:

Pedigree # _____

DNA Sample #: _____ Concentration: _____

DNA Sample #: _____ Concentration: _____

PEDIGREE DIAGRAM (Only one needed per family)