

TELOMERE LENGTH TESTING BY FLOW-FISH

Information and order form for clinicians

Telomere length testing for clinical purposes is provided by The Children's Hospital at Westmead (Sydney Children's Hospital Network).

Request form with information on how to arrange a telomere length test is attached.

TELOMERE LENGTH MEASUREMENT BY FLOW FISH REQUISITION AND SERVICE AGREEMENT FORM



Department of Haematology

Contacts:

Dr Tatjana Kilo MD FRCPA
Staff Specialist, Haematology
tatjana.kilo@health.nsw.gov.au
02-9845-3300 or 02-9845-0000

Raja Vasireddy, PhD
Senior Scientist, Haematology
raja.vasireddy@health.nsw.gov.au
02-9845-3293

Patient information:

Last Name: _____

First Name: _____

Patient ID: _____ DOB: _____

Address: _____

Gender: Male Female

Hb _____ g/L MCV _____ fl WCC _____ x10⁹/L ANC _____ x10⁹/L Lymph _____ x10⁹/L Platelets _____ x10⁹/L
(FBC collected on same day as telomere sample)

Clinical information/indication for telomere length measurement:

Ordering physician:

Name: _____

Provider Number: _____

Hospital/Institution: _____

Department: _____

Address: _____

Phone: _____ Fax _____

Signature (required): _____

-p.t.o-

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Specimen requirements (collection and handling):

- This is not a routine test and **must be booked in advance** with the Haematology Department (see contact above).
- Collect at least 6 ml of blood in a Lithium heparin tube without gel, or 10-20 mls if the WCC is low.
- The sample must be kept at room temperature at all times (even brief periods of cooling or freezing will alter results).
- This test is only available once a week (Wednesday). 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).
- Shipping address:

Raja Vasireddy
Department of Haematology
Pathology Reception, Level 2
The Children's Hospital at Westmead
Hawkesbury Road Corner Hainsworth St
Westmead NSW 2145
Main laboratory contact: 02-9845-3302

Service Agreement:

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 (required):

Results:

Results will be forwarded by mail to the ordering physician.

