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

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

Department of Haematology

Patient information:

Last Name: __________________________________________________________
First Name: __________________________________________________________
Patient ID: ____________________________ DOB: ________________________
Address: __________________________________________________________________

Gender: □ Male □ Female

Hb _____ g/L MCV _______ fl WCC _______ x10^9/L ANC _______ x10^9/L Lymph _______ x10^9/L Platelets _______ x10^9/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): ___________________________________________________
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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.