



DIAGNOSTIC SERVICES
MANITOBA

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DSM Phlebotomy: Initials: _____
Accessioning Number: _____ _____ <div style="text-align: right;">Initials</div>

PLEASE PRINT CLEARLY

PATIENT

Last Name	First Name	Sex	Age	Date of Birth (dd/mm/yyyy)		

ORDERING PHYSICIAN

Last Name	First Name	Doctor Code

LifeLabs Genetics Panorama Prenatal Screen	LOCATION CODE LLGTCS
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Collection Date: ___/___/___ Dy / Mo / Yr Collection Time: _____

REGISTRATION

REPH x 1

Collection: by DSM Phlebotomist approved at the following sites:

- Health Sciences Center
- St. Boniface Hospital
- Grace General Hospital
- Seven Oaks General Hospital
- Victoria General Hospital
- Westman Regional Lab

COLLECTION

2 – 10.0 mL Cell-Free DNA Streck Tubes (mix gently 10x)

OPTIONAL COLLECTION

1 – Cheek Swab (pre-collected)

Note: Do NOT use Butterflies for collection. Use only 20-21 gauge straight needles

PROCESSING

2 – 10.0 mL Cell-Free DNA Streck Tubes - No Processing Required. **Ship AMBIENT on day of collection.**

1 – Cheek Swab - No Processing Required. **Ship AMBIENT on day of collection.**

PACKAGING

- Ensure all tubes are correctly labeled.
- Place blood specimens into the biohazard bag with absorbent and seal.
- Place sealed biohazard bag and gel pack into the metallic envelope.
- Place LifeLabs Genetics Panorama Prenatal Screen requisition and paperwork into cardboard mailer with the metallic envelope and cheek swab if provided.
- Close and seal cardboard mailer.
- Place mailer into FedEx shipment bag provided.
- Complete and attach the prepaid waybill.

COURIER CONTACTS

FEDEX – Samples **MUST BE** in the lab by 1345 to be shipped same day as collected.
 For registration, processing and/or shipping questions, contact Laura Curtis, DSM Research Specialist 204-235-3935
 For other inquires, contact LifeLabs Genetics at 1-844-363-4357