



genesis
genetics institute

Genomics Center at Samaritan
5555 Conner Avenue, Suite A2064
Detroit, MI 48213
313-544-4006
PGD@GenesisGenetics.org

Prescription for Drawing Blood

This is a prescription/request for a purple-top (lavender / EDTA) vacutainer tube of blood to be sent to us for DNA testing. Please place the individual's name and date of birth on the side of the tube. The sample should not be centrifuged or processed, and does not need to be refrigerated unless shipment departure will be delayed 48-72 hours after the sample is collected. Actual shipment can be at ambient temperature. Please do not send on a Friday when the sample(s) may be delayed on a hot/cold loading dock somewhere; just wait until the following Monday; put in refrigerator until shipping the next week.

Use FEDEX or similar courier. The less expensive 2-day delivery is acceptable. Package the sample(s) such that they will not break on transport (Styrofoam/bubblewrap), ideally in separate zip-lock type bags in case one does break. Shipment charges should be arranged directly with the patient.

The individual does not need to be fasting. These blood samples will be used to laser capture individual lymphocytes for single-cell molecular testing, and/or for isolating DNA.

There is no separate financial charge from this laboratory for the testing that will be performed on these samples.

Please use the address of the Laboratories:

**Genomics Center at Samaritan
5555 Conner Avenue, Suite A2064
Detroit, MI 48215
313-544-4006**

Thank you very much.

Mark R. Hughes, M.D., PhD.



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The Genesis Genetics Institute Blood Submission Form

Submit with Blood Samples

Simply complete the few fields on this form and send it along with the blood samples. If you have access to the GGI secure database, this information may be conveniently added directly to the family e-folder. Then, simply print two copies of the bar-coded information that will be generated automatically for you. One copy is for your records and one copy should accompany the samples.

Last Name	First Name	Date of Birth	Male / Female	Date Blood Collected

Genetic Disorder of Concern: _____

Your Clinic Center name: _____

City, State: _____

Phone: _____

Send to:

**Genomics Center at Samaritan
5555 Conner Avenue, A2064
Detroit, MI 48215
313.544.4006**

Receipt Date: _____
Received By: _____
Processed By: _____