NOTE DE SERVICE
MEMORANDUM

date:	29 Sep 2025
à :	À l'attention des médecins qui demandent des tests hors province
to:	To Physicians requesting Out of Province Testing
de:	**Dr. B.M. Gilfix, MDCM, PhD, FRCPC, DABCC, FADLM**
from:	Responsable des envois, Laboratoire central Glen Responsible for Send Out, Glen Central Laboratory
objet :	**Mise à jour importante concernant les tests effectués hors province**
subject:	**Important Update on Out of Province Testing**

ENGLISH WILL FOLLOW

Le Laboratoire central du site Glen du CUSM souhaite vous informer de la situation actuelle concernant les demandes d'analyses effectués hors province.

Plusieurs laboratoires américains nous ont informés que les envois vers les États-Unis pourraient être retardés en raison de modifications apportées à la réglementation douanière américaine. Nous avons déjà constaté ce phénomène dans la pratique, qui a également touché d'autres sites d'expédition au Québec. Nous travaillons avec notre transporteur afin de nous conformer au mieux à ses exigences, mais il s'agit d'un domaine sur lequel nous n'avons aucun contrôle et qui est sujet à des incertitudes en termes de retards.

Situation des laboratoires externes

a. **Blueprint Genetics** – Les échantillons destinés à cette société sont envoyés directement en Finlande. Aucun retard n'est prévu.
b. **BC Neuroimmunology** – Les échantillons destinés à cette société sont envoyés directement en Colombie-Britannique. Aucun retard n'est prévu.
c. **Invitae** – Les échantillons destinés à cette société sont envoyés via sa filiale, Dynacare Canada. Impact incertain.
d. **MNG Laboratories** - Les échantillons destinés à cette société sont envoyés via sa filiale, Dynacare Canada. Impact incertain.
e. **LabCorp** - Les échantillons destinés à cette société sont envoyés via sa filiale, Dynacare Canada. Impact incertain.
f. **InCommon Laboratories** – Dépend des tests, car tous leurs tests ne sont pas effectués en Ontario.
g. **Mayo Clinical Laboratories** – Affecté
h. **GeneDx** – Affecté
i. **Prevention Genetics** – Affecté

Rappels

- Il est rappelé à tous les demandeurs d'utiliser le dernier formulaire de demande spécifique à la société de test, car les menus de test changent constamment. Le fait de ne pas utiliser le dernier formulaire de demande entraînera des retards et des refus.

- Il est expressément rappelé à tous les demandeurs d'utiliser le dernier formulaire de demande de test pour BC Neuroimmunology (https://bcneuro.ca), MNG Laboratories et GeneDx.

- Il est également rappelé à tous les demandeurs de consulter les sites Web des entreprises pour connaître les dernières mises à jour concernant la disponibilité des tests. Plusieurs entreprises ont récemment mis à jour leur site Web.

- MNG - Le formulaire de demande de test génétique MNG n'est plus disponible sur leur site Web. Vous en trouverez une copie ci-jointe.

- BC Neuroimmunology - Après discussion avec BC Neuroimmunology, il a été convenu de conserver les échantillons soumis pendant 180 jours afin de faciliter les tests supplémentaires. Les tests supplémentaires sont commandés selon le protocole OOP habituel.

- Admark Alzheimer's Evaluation, CSF – Athena Diagnostics nous a informé que ce test n'est plus effectué sur des échantillons dans un tube en polypropylène. Le seul type de tube acceptable pour ce test est le tube CSF 63.614.625 de Sarstedt.

- Les échantillons destinés aux centres européens ne sont envoyés que le lundi et le mardi. Veuillez nous consulter pour tout échantillon labile (par exemple, ceux qui doivent être reçus au centre de test dans les 48 heures suivant le tirage).

- Personnes non titulaires d'une carte RAMQ - Comme cela a été discuté avec le DPS, les tests pour les personnes ne possédant pas de carte RAMQ ne sont pas couverts par les accords interprovinciaux dans ce contexte et, de plus, les tests hors province ont été spécifiquement exclus par le MSSS. Les titulaires d'une assurance privée doivent fournir la preuve que ce test spécifique est pris en charge par leur assurance (c'est-à-dire que fournir un numéro d'assurance n'est pas suffisant). Il n'y a que des exceptions spécifiques à cette politique (par exemple, les réfugiés qui fournissent leurs formulaires de réfugié, les nouveau-nés qui ne sont pas encore enregistrés auprès de la RAMQ).

- Rappels sur la manière d'accélérer le processus d'approbation pour tout test effectué hors de la province
  a) Remplissez le formulaire AH-612 dans son intégralité, y compris vos coordonnées, en particulier votre numéro de fax. Précisez clairement ce que vous souhaitez tester.
  b) Les tests demandés dans le formulaire AH-612 et la demande spécifique à l'entreprise doivent correspondre. Si ce n'est pas le cas, cela entraînera au mieux des retards, voire des refus.
  c) Remplissez une demande spécifique à l'entreprise de test.
  d) Envoyez tous les documents par télécopie au 514-843-1584

Si vous avez des questions à ce sujet, veuillez communiquer avec le Service à la clientèle des laboratoires cliniques au 514 934-1934, poste 35687, ou avec le biochimiste médicale responsable des envois.

Merci.

The Central Laboratory of the MUHC Glen Site wishes to advise you of the current situation regarding Out of Province test requests.

We have been informed by several USA test companies that shipments to the USA may be delayed by changes in USA custom regulations. We have already observed this in practice, and it has also affected other send out sites in Quebec. We are working with our courier to ensure that we are compliant with their requirements as best as possible, but this is an area we have no control over and is subject to uncertainty as regards to delays.

<u>Situation of Outside Laboratories:</u>

a. **Blueprint Genetics** - Samples for this company are sent directly to Finland. No delay anticipated.
b. **BC Neuroimmunology** - Samples for this company are sent directly to British Columbia. No delay anticipated.
c. **Invitae** – Samples for this company are sent via their subsidiary, Dynacare Canada. Impact uncertain.

d. **MNG Laboratories** - Samples for this company are sent via their subsidiary, Dynacare Canada. Impact uncertain.
e. **LabCorp** - Samples for this company are sent via their subsidiary, Dynacare Canada. Impact uncertain.
f. **InCommon Laboratories** – Test dependent as not all their tests are performed in Ontario.
g. **Mayo Clinical Laboratories** – Affected
h. **GeneDx** – Affected
i. **Prevention Genetics** – Affected

Reminders:

- All requestors are reminded to use the latest testing company specific requisition as test menus are constantly changing. Failure to use the latest requisition will only result in delays and refusals.

- All requestors are specifically reminded to use the latest testing requisition for BC Neuroimmunology (https://bcneuro.ca), MNG Laboratories, and GeneDx.

- All requestors are also remined to check the companies' websites for updates as to test availability. Several companies have updated their websites as of late.

- MNG - The MNG genetic requisition is no longer available on their website. Please find attached a copy of it.

- BC Neuroimmunology - After discussion with BC Neuroimmunology they have agreed to hold submitted samples for 180 days to facilitate add on tests. Add on tests are ordered through the usual OOP protocol.

- Admark Alzheimer's Evaluation, CSF – Athena Diagnostics has informed us that this test is no longer performed on samples in any polypropylene tube. The only tube type that is acceptable for this test is the CSF tube 63.614.625 from Sarstedt.

- Samples destined for European centres are only sent on Mondays and Tuesday. Please consult with us for any labile samples (e.g., those that must be received at the test centre within 48 h of draw).

- Non-RAMQ Holders – As has been discussed with the DPS, testing for individuals lacking a RAMQ card is not covered by interprovincial agreements in this context and furthermore out of province testing has been specifically excluded by the MSSS. Holders of private insurance must provide proof that that specific test is being paid for by their insurance (i.e., providing an insurance number is not sufficient). There are only specific exceptions from this policy (e.g., refugees providing their refugee forms, newborns not yet registered with RAMQ).

- Reminder on how to expedite the approval process for any out of province testing:
  a) Complete the AH-612 form in its entirety including your contact information especially your fax number. Be specific as to what you want to test for.
  b) The test requested in the AH-612 form and company specific requisition must match. Failure to match will result in delays at best or refusals.
  c) Complete a testing company specific requisition.
  d) Fax all documents to 514-843-1584.

Should you have any questions regarding this matter, please contact Client Services for Clinical Laboratories at 514-934-1934 ext 35687 or the Medical Biochemist responsible for Send-Outs.

Thank you.

MNG LABORATORIES
A LabCorp Company

Patient and Specimen Information Form

5424 Glenridge Drive NE | Atlanta, GA 30342 USA | phone: 844.664.8378 | fax: 678.225.0212 | mnglabs.com

Patient and Specimen Information

Patient Last Name	Patient First Name
Patient ID #	Date of Birth [MM/DD/YYYY]
Diagnosis/ICD-10	Collection Date [MM/DD/YYYY]

Gender ☐ Male ☐ Female

Specimen Type
☐ Whole Blood ☐ Buccal Swab ☐ CSF ☐ Urine ☐ Fibroblasts ☐ Plasma/ Serum ☐ Muscle ☐ DNA Tissue:_____

Please complete and include clinical information form, or attach clinical notes

Referring Physician Information

Physician Name	NPI # or equivalent *(Required)*
Facility / Organization	Signature
Facility Address City, State, Zip Code ☐ Same as billing	
Report Delivery ☐ Fax ☐ Email	Phone

Billing Information *(REQUIRED)*

Self-Pay? ☐ Yes If yes, **MUST** include payer contact name & details below. Payment must be received in full prior to testing.

Facility	Contact Name
Billing Address	
City, State, Zip Code	
Phone Fax	Email

Results

Authorized Recipient Name	Authorized Recipient Name
Facility Phone	Facility Phone
☐ Fax	☐ Fax
☐ Email	☐ Email

Testing Checklist

All of the following are encouraged to be included with test orders (please check the following):

- ☐ All specimens that will be analyzed must be received - please note if samples will ship separately
- ☐ Clinical Information Form completed
- ☐ Informed Consent for Genetic Testing completed and signed

MNG LABORATORIES
A LabCorp Company

Genetics Test Request Form

5424 Glenridge Drive NE | Atlanta, GA 30342 USA | phone: 678.225.0222 | fax: 678.225.0212 | mnglabs.labcorp.com

Patient Name _____ DOB _____

Epilepsy

- ☐ (NGS412) Myoclonic Epilepsy

Movement Disorders

- ☐ (NGS324) Ataxia/Episodic Ataxia Disorders + mtDNA
- ☐ (NGS360) Basal Ganglia Calcification Dystonia
- ☐ (NGS358) Comprehensive Dystonia + mtDNA
- ☐ (NGS357) Parkinsons Disease/Parkinsonism

Neuromuscular

Muscular Dystrophy / Myopathy

- ☐ (NGS330) Comprehensive Muscular Dystrophy/Myopathy + mtDNA
- ☐ (NGS331) Congenital Myasthenic Syndromes
- ☐ (NGS413) Congenital Myopathies
- ☐ (NGS424) Duchenne/Becker Muscular Dystrophy

Neuropathies

- ☐ (NGS445) Comprehensive Neuropathies
- ☐ (NGS400) Pain Syndromes
- ☐ (NGS323) Amyotrophic Lateral Sclerosis
- ☐ (NGS405) Amyotrophic Lateral Sclerosis + C9orf72 Repeat Expansion
- ☐ (NGS337) Spastic Paraplegia + mtDNA

Neurobehavioral

Intellectual Disability / Autism

- ☐ (NGS325) Comprehensive Intellectual Disability/Autism + mtDNA
- ☐ (NGS349) Nonsyndromic Intellectual Disability
- ☐ (NGS350) Syndromic Intellectual Disability
- ☐ (NGS398) Macrocephaly & Overgrowth Syndrome
- ☐ (NGS425) Microcephaly

Neurodegeneration

- ☐ (NGS376) Comprehensive Dementia
- ☐ (NGS356) Alzheimer Disease/Frontotemporal Dementia
- ☐ (NGS380) Amyloid Related Disorders

Brain Malformation Disorders

- ☐ (NGS372) Comprehensive Leukodystrophy/ Leukoencephalopathy + mtDNA
- ☐ (NGS387) Comprehensive Neuronal Migration Disorders + mtDNA

Neurometabolic

- ☐ (NGS301) Comprehensive Cellular Energetics Defects + mtDNA
- ☐ (NGS302) Carbohydrate Metabolism Deficiency + mtDNA

Other Inherited Disorders

Vision and Ophthalmoplegia

- ☐ (NG464) Comprehensive Vision Loss & Eye Disorders + mtDNA
- ☐ (NGS352) Comprehensive Ophthalmoplegia Syndromes + mtDNA

Multi-Sensory Disorders

- ☐ (NGS402) Usher Syndrome
- ☐ (NGS460) Alport Syndrome

Other

- ☐ (NGS429) Familial Hemiplegic Migraine + mtDNA
- ☐ (NGS430) Stroke + mtDNA
- ☐ (NGS379) Polycystic Kidney Disease
- ☐ (NGS392) Bartter/Gitelman Syndromes

Mitochondrial DNA Genetic Testing

- ☐ (MOL021) Mitochondrial Genome Sequencing
- ☐ (MOL002) Mitochondrial DNA Deletion Analysis
- ☐ (MOL189) Mitochondrial Genome Sequencing + Deletion Analysis
- ☐ (MOL001) Mitochondrial DNA Depletion Testing (Muscle)
- ☐ (MOL334) Mitochondrial Depletion Testing (Leukocyte)

Repeat Expansions

- ☐ (MOL299) Myotonic Dystrophy 1 (DMPK) Genetic Testing (Repeat Expansion)
- ☐ (MOL303) Myotonic Dystrophy 2 (ZNF9/CNBP) Genetic Testing (Repeat Expansion)
- ☐ (MOL364) C9orf72 Genetic Testing (Repeat Expansion)
- ☐ (MOL366) Huntington Disease (HTT) Genetic Testing (Repeat Expansion)
- ☐ (MOL392) Huntington-like Disease Type 2 (JPH3) Genetic Testing (Repeat Expansion)
- ☐ (MOL259) Friedreich Ataxia Genetic Testing (Repeat Expansion)
- ☐ (MOL380) Comprehensive Spinocerebellar Ataxia Repeat Expansion Panel (SCA 1, 2, 3, 6, 7, 8, 10, 12, 17, 36 & DRPLA)
- ☐ (MOL391) Comprehensive Ataxia Repeat Expansion Panel (SCA 1, 2, 3, 6, 7, 8, 10, 12, 17, 36, DRPLA & FRDA)
- ☐ SCA1/ATXN1 (MOL368)
- ☐ SCA2/ATXN2 (MOL369)
- ☐ SCA3/ATXN3 (MOL370)
- ☐ SCA6/CACNA1A (MOL371)
- ☐ SCA7/ATXN7 (MOL372)
- ☐ SCA8/ATXN8 (MOL373)
- ☐ SCA10/ATXN10 (MOL374)
- ☐ SCA12/PPP2R2B (MOL375)
- ☐ SCA17/TBP (MOL376)
- ☐ SCA36/NOP56 (MOL377)
- ☐ DRPLA/ATN1 (MOL378)

Single Genes + MLPA

- ☐ (MOL028) ACADS
- ☐ (MOL029) ACADVL
- ☐ (MOL352) GATM
- ☐ (MOL388) CYP21A2 MLPA [Del/Dup]
- ☐ (MOL350) PKD1/PKD2 MLPA [Del/Dup Only]
- ☐ (MOL276) PMP22 MLPA [Del/Dup Only]

MNG LABORATORIES
A LabCorp Company

Clinical Information Form

5424 Glenridge Drive NE | Atlanta, GA 30342 USA | phone: 844.664.8378 | fax: 678.225.0212 | mnglabs.com

Patient Name _____ DOB _____

Clinical (Check All That Apply)

Eye
- ☐ Retinitis Pigmentosa
- ☐ Optic Atrophy
- ☐ Other

Hearing
- ☐ Sensorineural ☐ Stickler ☐ Usher

Neuronal Migration
- ☐ Meckel ☐ Joubert ☐ Other

☐ Stroke

Cognitive/Neurobehavioral
☐ Intellectual Disability (ID) ☐ Syndromic ID ☐ Nonsyndromic ID ☐ Autism ☐ Dementia

Movement Disorders
☐ Ataxia ☐ Episodic Ataxia ☐ Dystonia ☐ Chorea/Athetosis ☐ Parkinson Disease ☐ L-Dopa Response

Epilepsy ☐ Myoclonic ☐ Other
- ☐ Absence ☐ Tonic Clonic
- ☐ Epileptic Encephalopathy

Spasticity
- ☐ Spastic Paraplegia ☐ Other
- ☐ Spastic Quadriplegia

Connective Tissue & Bone
- ☐ Ehlers Danlos ☐ Marfan ☐ Aneurysms
- ☐ Other

Neuromuscular
- ☐ Distal ☐ Proximal ☐ Muscle Atrophy ☐ Contractures
- ☐ Malignant Hyperthermia ☐ Arthrogryposis ☐ Rhabdomyolysis
- ☐ Periodic Paralysis ☐ Statin Use ☐ Myasthenia

Nerve/Anterior Horn Cell
- ☐ Neurofibromas ☐ Charcot-Marie-Tooth ☐ Sensory
- ☐ Autonomic ☐ Pain ☐ Motor ☐ Nerve Conduction
- ☐ Other

Cardiomyopathy
- ☐ Dilated ☐ Hypertrophic
- ☐ Noncompaction

Arrhythmias
- ☐ Ventricular Tachycardia ☐ Brugada
- ☐ Long or Short QT ☐ Conduction Defect

Congenital Heart Defects
- ☐ Heterotaxy
- ☐ Other

Endocrine
- ☐ Hypothyroidism ☐ Other
- ☐ Diabetes Mellitus

Imaging (Check All That Apply)

Brain MRI
- ☐ Leigh Disease
- ☐ Basal Ganglia Calcification
- ☐ Stroke
- ☐ Cerebellar Atrophy
- ☐ Abnormal Myelin (describe)

EEG (Describe Findings)

EMG/NVC (Describe Findings)

Laboratory

Metabolic (Describe Findings)

CPK Maximum _____
Minimum _____

Genetic (Describe Findings)
- ☐ Chromosomal Microarray
- ☐ Deletion/Insertion Testing
- ☐ Other (comment)

Family History

Ethnicity (please check)

☐ Caucasian ☐ Sephardic Jewish ☐ African American (or Black) ☐ Asian
☐ Hispanic ☐ Ashkenazi Jewish ☐ Native American (or American Indian) ☐ Other: _____

Affected Maternal Lineage	Affected Paternal Lineage	Siblings
Relationship to Proband	Relationship to Proband	Number (specify gender)
Symptoms	Symptoms	Healthy/Affected

Additional Comments

MNG LABORATORIES
A LabCorp Company

Informed Consent for Genetic Testing

In compliance with New York State Civil Law: Section 79-L

5424 Glenridge Drive NE | Atlanta, GA 30342 USA | phone: 678.225.0222 | fax: 678.225.0212 | mnglabs.com

Patient Name _____ DOB _____

Please provide a copy of completed consent with sample and requisition. Failure to do so may delay testing.

When signed and dated, this written consent is written authorization to participate in genetic testing.

1. **Purpose of the Test:** My physician has explained the recommended testing: _____ (name of test or MNG test code), which is performed to help diagnose _____ _____(insert disease description). I am aware that all documentation regarding this testing, including the description of the purpose, methodology, and disorders is freely available at www.mnglabs.com/tests and has either been reviewed with me by my physician or I have read the documentation on my own. **Patient (or parent/guardian) initials:** _____

2. **Statement Regarding Test Result:** A positive test result is an indication that the individual has a genetic cause for the specific disease tested for. A negative result may/may not rule out a genetic disorder depending on clinical history and quality/type of specimen tested. The individual may wish to consider further independent testing, consult a personal physician or pursue genetic counseling.

3. **Level of Certainty:** Is test-specific and determined by the methods employed, patient's clinical history and sometimes by the nature of the patient's condition at time of sampling. There is always a small possibility of error or failure in sample analysis; this is true with complex testing in any laboratory. Inclusion of clinical data, such as medical history, family history, images as they relate to the disease or disorder, will decrease the level of uncertainty in an interpretation and are encouraged to be included when submitting samples for analysis. MNG Laboratories will keep personal information private in accordance with HIPAA laws.
   I consent to the retention of these documents by MNG Laboratories in their database.
   Patient (or parent/guardian) Initials: _____

4. **Disclosing Test Results:** The following categories of persons or organizations that test results may be released to include, but are not limited to: hospitals or laboratories involved in the patient's care, referring physician(s) and primary care providers, other physician groups (consultants, surgeons), insurance companies (as provided by the patient or referring physician for payment purposes), and other professionals involved in patient care that assist MNG Laboratories in carrying out treatment, payment, and operational activities. Results are kept confidential. Medical Neurogenetics complies with security and privacy statutes of the federal Health Information Portability and Accountability Act (HIPAA). If a patient chooses to specifically declare where results may be released (other than the referring institution and ordering physician), please provide these *in writing* to the Compliance Officer, MNG Laboratories (quickresponse@mnglabs.com).

5. **Consent to Retain Specimen:** The laboratory does not return any remaining sample to individuals or physicians unless requested. No clinical tests other than those authorized shall be performed on the sample. A request for additional testing must be made by my referring physician or other authorized healthcare professional and there will be an additional charge. If agreed by the patient, MNG Laboratories will retain the samples for longer periods for use in an anonymous fashion for research/development or for quality assurance processes.
   I consent to have my specimens retained after completion of initial testing (this consent may be withdrawn at any time and the laboratory will destroy any remaining sample). Patient (or parent/guardian) Initials: _____

6. **Testing for Genetic Conditions can be Complex:** If warranted, obtain professional genetic counseling prior to giving consent to fully understand what the risks and benefits are to having the testing completed. I hereby consent to participate in testing described above. I understand that a biologic specimen will be obtained from me and/or members of my family. I understand that this biologic specimen will be used for the purpose of attempting to determine if I, or members of my family, are affected or are carriers of a particular disease or are at increased risk to someday be affected with this genetic disease.

_____ _____
Signature of Patient Date

_____ _____
Authorized Signature (Parent/Guardian) Relationship

_____ _____
Name of Patient (*please print clearly*) Name of Ordering MD (*please print clearly*)

_____ _____
Referring Facility (*please print clearly*) **Signature of Ordering MD**

Important: One signature from patient (or parent/guardian), authorized person, or physician is required to complete this form. New York requires signatures from patient (or parent/guardian) OR ordering physician to complete this form.