

Please ensure samples are tightly wrapped and are leak proof  
Send samples along with this order form to the laboratory:

**Codex Genetics, Unit 220, 16W, Hong Kong Science Park, Shatin, Hong Kong**

Please fill in all mandatory fields below (**bolded**)

Patient information			
<b>First Name:</b>	<b>Last name:</b>	HKID / Passport no. for proband (if any)	
		Relationship with proband	
<b>Date of Birth (DD:MM:YY)</b> / /	<b>ID/Passport no.:</b>	Gene(s)	
<b>Gender: (please circle): M / F</b>		Variants(s)	

*Sample information	
<b>Date &amp; time of collection</b>	<b>Done by:</b>
<b>Request Date:</b>	<b>Number of specimen(s):</b>
<b>Specimen type: Tick appropriate box below</b>	<b>Specimen ID labelled on container</b>
<input type="checkbox"/> Whole Blood (EDTA)	
<input type="checkbox"/> Saliva	
<input type="checkbox"/> Other: _____	

\* Please read the Samples Collection, Transportation/Storage Criteria in **Appendix A & B**.

Referring clinician	
<b>Name:</b>	<b>Address:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Billing information:</b>	
<b>Route of report delivery:</b> <input type="checkbox"/> email / <input type="checkbox"/> mail / <input type="checkbox"/> online ( <a href="https://order.codexgenetics.com/">https://order.codexgenetics.com/</a> )	
<b>⇒ Medical professional signature</b>	

Clinical information: (family history + symptoms) & include pedigree tree if appropriate

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**Please use separate order form for each requested test**

Test(s) to be requested	
<b>Hereditary cancer test:</b> <input type="checkbox"/> CoGenesis® BRCA-Pro <b>**Request to fill in the Health Information Questionnaire**</b> <input type="checkbox"/> CoGenesis® Gastric <input type="checkbox"/> CoGenesis® Prostate <input type="checkbox"/> CoGenesis® Colo	<b>Neurodegenerative disease test:</b> <input type="checkbox"/> APOE Genotyping <input type="checkbox"/> CoGenesis® AD <input type="checkbox"/> CoGenesis® Neuro <input type="checkbox"/> Adult-onset <input type="checkbox"/> Childhood-onset <input type="checkbox"/> Complete <input type="checkbox"/> CoGenesis® Myopathy <input type="checkbox"/> Spinocerebellar ataxia (SCA) 1,2,3,6,7 <input type="checkbox"/> Individual test for Spinocerebellar ataxia (SCA) 1,2,3,6,7 Please fill in the requested SCA type _____
<b>Congenital Cardiovascular diseases Test:</b> <input type="checkbox"/> CoGenesis® CVD	<b>Eye Disease test:</b> <input type="checkbox"/> Retinitis Pigmentosa
<b>Drug Response test:</b> <input type="checkbox"/> CoGenesis® Cardio-Haema <input type="checkbox"/> CoGenesis® Psychiatry	<b>Clinical Metagenomics:</b> <input type="checkbox"/> CoGenesis® Metagenomics
<b>Other request (please specify):</b> <input type="checkbox"/> <b>Urgent</b> <input type="checkbox"/> <b>Routine</b> <input type="checkbox"/> <b>Sample storage only*</b>	

\* DNA will only be extracted and stored. It will be tested once we receive further instructions from you.

Any matters during sample transportation or questions, please feel free to contact with us at +852 30082560 or email at [laboratory@codexgenetics.com](mailto:laboratory@codexgenetics.com). Request to sample pick up, please read the **Appendix C**.

Turn around times		
Test	Routine (week)	Urgent Please enquire before sending the specimen
Hereditary cancer test; Congenital Cardiovascular diseases Test; CoGenesis® Neuro; CoGenesis® Myopathy; Retinitis Pigmentosa Panel	6	4
CoGenesis® AD; Spinocerebellar ataxia (SCA) 1,2,3,6,7; metagenomics	4	N/A
Individual test for Spinocerebellar ataxia (SCA); APOE Genotyping	2	N/A
Drug Response test	6	N/A

Codex Genetics Laboratory use only	
Receipt date and time:	Remark:
Received by:	
Number and types of samples received:	

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## Appendix A: Instruction of the sample collection and the transportation to Codex's Laboratory

CoGenesis Test	Sample Type	Instruction on sample collection from clinic to Codex's Laboratory
All the CoGenesis Tests	Saliva	<ol style="list-style-type: none"> <li>1. Clinicians need to fill in the test requisition form and referral letter and send back to Codex's service agent by email <a href="mailto:laboratory@codexgenetics.com">laboratory@codexgenetics.com</a>.</li> <li>2. Return shipping by calling +852 2730 0273 (SF express), and press "1" to contact customer service representative to schedule the pickup service. OR via <a href="https://i.sf-express.com/origin/hk/en/index.html">https://i.sf-express.com/origin/hk/en/index.html</a> to schedule the pickup service with the follow information. (Postage will be paid by Codex Genetics Limited.)  <b>Address:</b> Unit 220, 16W, Hong Kong Science Park, Shatin, Hong Kong.  <b>Name:</b> Codex Genetics Limited  <b>Tel:</b> +852 30082560</li> </ol>
All the CoGenesis Tests	Whole Blood	<ol style="list-style-type: none"> <li>1. Clinicians need to fill in the test requisition form and referral letter and send back to Codex's service agent by email <a href="mailto:laboratory@codexgenetics.com">laboratory@codexgenetics.com</a>.</li> <li>2. Clinicians need to contact Codex's service agent: +852 30082560 to arrange for specimen pick up. Direct specimens pick up will be provided to customers from 9:00am to 5:00pm Monday through Friday with the times arranged at least 1 day in advance <b>(Appendix C)</b>.</li> <li>3. Clinicians need to pack the sample with the original copy of the <b>test requisition form</b> and <b>referral letter</b> with the suitable storage conditions according to <b>Appendix B</b>.</li> <li>4. Codex's sample collector will check the quantity of the received samples at clinics to make sure that the quantity of samples matches with the sample quantity at the test requisition form.</li> <li>5. Codex's sample collector will fill in the Specimens Pickup Form with the quantity of samples, sample pick up date and time.</li> <li>6. Clinicians need to fill in their full name, employment ID and sign the Specimens Pickup Form.</li> <li>7. Codex's sample collector will deliver the samples back to Codex's laboratory.</li> </ol>

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## Appendix B: Collection and the transportation/ storage criteria of different sample types

Specimen	Required Quantity (minimum)	Container	Collection Criteria	Transport / Storage
Unpurified Oragene/saliva	1 mL	Oragene OG-600	Do not eat, drink, smoke, or chew gum for 30 minutes before saliva collection.	Transport at Room Temperature/  Store at room temperature
Whole Blood	2 mL	EDTA Tube	Min volume: 2 mL	Transport with Icepack (2-8 °C) within 24 hours after blood draw  Store at 2-8 °C

## Appendix C: Last Call to request specimen pickup

Direct specimens pick up will be provided to customers from 9:00am to 5:00pm Monday through Friday with the times arranged at least 1 day in advance. There are two pickups daily:

### Last Call to request whole blood specimen pickup

Monday – Friday Morning Last Call	*Monday – Friday Evening Last Call
12:30pm	05:30pm (Monday to Thursday) 12:30pm (Friday)  *Specimens pick up will be on the next working day morning or Friday afternoon