



MGM – ‘OMICS First

Mainstreaming Genomics in Manitoba

Study Referral Form: Mainstreaming Genomics in Manitoba – Piloting a New “OMICS First” Approach

Date of Referral: _____

Patient Information:

Last Name: _____ First Name: _____

DOB: _____ Sex: _____

MHSC/PHIN: _____ HSC number (if applicable): _____

Parent/Guardian Last Name: _____ Parent/Guardian First Name: _____

Address: _____

Phone: _____ Email: _____

Reason for referral (please select one and provide additional detail below):

Whole Exome Sequencing

Multi-OMICS

Has the patient signed a ‘Authorization to Release Healthcare Information’ form (to facilitate records review and eligibility confirmation)? Yes (please attach) No

By signing the form below, I, the referring health care provider, confirm the following:

The patient, named above, and/or their legal guardian, has been notified about this referral and is interested in learning more about the MGM. They have either (please check one):

Agreed to release their contact information and are expecting to be contacted by the MGM study team

Expressed interest in this study, will contact the study team and have been provided the MGM contact information

Referring Care Provider:

Last Name: _____ First Name: _____

Phone: _____ Signature of Referring Physician: _____

Study Contacts: Erika Bloomfield, Administrative Assistant
Email: cpmn@umanitoba.ca
Phone: 204-789-3877 Fax: 204-789-3907