

CYTOGENETICS LABORATORY SERVICES

REQUISITION FOR CHROMOSOMAL ANALYSIS

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***** PLEASE COMPLETE THE INFORMATION BELOW AND PRINT CLEARLY TO PREVENT INCORRECT BILLING *****

NAME OF PHYSICIAN ORDERING TEST: REFERRING INSTITUTION NAME AND CODE: IF AN ADDITIONAL REPORT IS REQUIRED, PLEASE COMPLETE THE FOLLOWING: PHYSICIAN NAME: ADDRESS: CITY: PROV. POSTAL CODE TELEPHONE NO. FAX NO.	LOCATION (WARD): PATIENT NAME: (LAST) (FIRST) DATE OF BIRTH: SEX: <input type="checkbox"/> F <input type="checkbox"/> M DD/MM/YYYY FACILITY PATIENT ID NO.: PROVINCIAL HEALTH NO.: PHYSICIAN (PRINT): GENETICIST GENETICS # COLLECTION DATE: COLLECTION TIME: COLLECTED BY:
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SPECIMEN TYPE

- Amniotic Fluid
- Blood Peripheral
- (Prenatal) Cordocentesis
- (Postnatal) Umbilical Cord
- (Stillborn) Cardiac
- Products of conception
- Tissue Type: _____
- Skin Biopsy
- Bone Marrow
- Tumour
- Other Tissue
- Specify: _____

PRENATAL SAMPLES ONLY

GA on Date of U/S _____ weeks; by LMP _____ weeks
 Multiple Gestations: # _____ (submit separate requisitions)

INDICATIONS FOR TEST (Check all that apply)

- Advanced maternal age (≥ 35)
- Abnormal maternal serum screen
- Abnormality seen on ultrasound*
- Family history of chromosome rearrangement or mosaicism*
- Congenital anomaly* (specify below)
- Dysmorphic facies*
- Clinical features of chromosome abnormality*
- Developmental delay / mental retardation
- Family history of mental retardation*
- Repeated SAB (spontaneous abortions) Number _____
- Parental chromosome analysis following prenatal analysis*
- Infertility
- Amenorrhea
- Confirm prenatal analysis
- Other indication* _____

ONCOLOGY ONLY

- DIAGNOSTIC
 PROVISIONAL DIAGNOSIS:

- THERAPY F/U
- POST BMT SEX OF DONOR
 MALE FEMALE
- CELL COUNT _____ $\times 10^9/L$

TEST ORDERED

- Chromosome Analysis
- Extended*
- FISH*
- Breakage Studies*
- Other*

* Provide additional information

* Provide additional information

FOR LABORATORY USE ONLY

Date Specimen Received (d-m-y) ____/____/____
 Date Result Reported (d-m-y) ____/____/____
 Lab # _____
 Technologist _____
 Band Resolution _____
 Normal Variants _____
 Karyotype _____

Plates _____
 # Colonies _____
 # Cells Counted _____
 # Cells Analyzed _____
 # Cells Karyotyped _____

Computer Code _____
 Status _____
 Other _____

