

**CYTOGENETICS REQUISITION - PERINATAL**

**PATIENT INFORMATION (PLACE LABEL HERE or TYPE)**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
MRN: \_\_\_\_\_ Visit #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender:  Male  Female  Unknown  
Health Card # & Version Code: \_\_\_\_\_  
Province \_\_\_\_\_  
MSH Clinic (if applicable): \_\_\_\_\_

**REPORTING INFORMATION**

Physician/Midwife _____ Institution _____ Address _____ Phone _____ Fax _____ E-mail _____	Additional Report Recipient _____ Institution _____ Address _____ Phone _____ Fax _____ E-mail _____
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**PATIENT FAMILY HISTORY**

Clinical information / pedigree _____	Has this patient had previous cytogenetics testing? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know Have other relatives had cytogenetics testing? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know Relationship to Patient: _____ DOB: _____ MRN: _____ If cytogenetics testing was previously done, please attach a copy of original report
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**SAMPLE INFORMATION & TEST REQUIRED**

**SPECIMEN INFORMATION**  
Date sample collected \_\_\_\_\_ Gestation: \_\_\_\_\_  
Specimen Type Submitted  
 POC: Pathology # \_\_\_\_\_  
 Tissue Biopsy: Pathology # \_\_\_\_\_  
 Skin  Umbilical Cord  Cartilage  
 Formalin-Fixed Paraffin-Embedded (FFPE) Slides  
Tissue Type \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

**TEST REQUIRED**  
 Aneuploid Screen / Microarray  DNA Banking

**CLINICAL INDICATION**

**REASON FOR REFERRAL**  
 Fetal/neonatal demise  Ultrasound Abnormalities  
 Molar Pregnancy  
Pathology Findings \_\_\_\_\_  
For POC/Tissue Specimens, please provide mother's demographics  
Mother's Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
Health Card #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**SPECIMEN REQUIREMENTS**

<p><b>Fetal Tissue for Genetic Testing (Keep specimens at 4°C):</b></p> <ul style="list-style-type: none"> <li><b>Product of Conception (POC)*:</b> 15–20mg of UNFIXED tissue in sterile transport media or saline. <b>*3 to 5mL of maternal blood in EDTA tube must accompany all POC (for MCC Testing) specimens</b></li> <li><b>Umbilical cord:</b> 2cm piece of UNFIXED tissue in sterile transport media or saline</li> <li><b>Skin Biopsy / cartilage:</b> 1cm x 1cm piece of UNFIXED tissue in sterile transport media or saline</li> </ul>	<p><b>Paraffin Embedded Tissue for Aneuploid screen/Genotyping:</b></p> <ul style="list-style-type: none"> <li><b>Placental</b> 6 charged slides sequentially cut of 10 microns thickness plus one H&amp;E slide with fetal and maternal areas clearly marked</li> <li><b>Fetal</b> 6 charged slides sequentially cut of 10 microns. <b>Please specify tissue type</b></li> </ul>
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**INSTRUCTIONS FOR SUBMISSION OF SPECIMENS**

Deliver specimens by 4:00pm to:  
Pathology & Laboratory Medicine Core Laboratory ATTENTION CYTOGENETICS LABORATORY  
600 University Avenue | 6<sup>th</sup> Floor, Room 6-308 | Toronto, Ontario, Canada M5G 1X5