

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): _____

CYTOGENETICS REQUISITION - PRENATAL

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
 Amniotic Fluid Fetal Urine
 Ascites Fluid Pleural Effusion
 Cystic Hygroma Fluid Chorionic Villi (CVS)
 Fetal Blood (Cordocentesis) [Blood in EDTA (lavender top)]
 Maternal Blood for MCC [Blood in EDTA (lavender top)]

TEST REQUIRED
 Aneuploid Screen Microarray DNA banking
 Send-out Test – Indicate Specimen Requirements
 attach appropriate paperwork, instructions, waybill and pre-paid account #
 Amniotic Fluid - Volume _____
 Chorionic Villi - Volume _____
 Cultured Cells - # T25 flasks _____
 DNA – retrieve for send-out – Volume _____

CLINICAL INDICATION

REASON FOR REFERRAL
 Alloimmunization
 Carrier of Genetic Condition
 Fetal Ultrasound Findings (specify below)
 Late Maternal Age
 Multiple Pregnancy (specify Fetus ID below)
 Previous Child/Pregnancy Abnormality (specify below)
 Prenatal Screening (specify result details below; include report if applicable)
 TTTS (Twin to Twin Transfusion Syndrome)
 DETAILS: _____

SPECIMEN REQUIREMENTS

Prenatal specimens for Aneuploid screen & Microarray:
 • Amniotic fluid: 20 to 30cc
 • CVS*: 10 to 15mg
 *3 to 5ml of maternal blood in EDTA minimum vol 3 ml (lavender tube) must accompany all CVS Specimens [for Maternal Cell Contamination (MCC) Testing]

INSTRUCTIONS FOR SUBMISSION OF SPECIMENS

Deliver specimens by 4:00pm to:
 Pathology & Laboratory Medicine Rapid Response Laboratory ATTENTION CYTOGENETICS LABORATORY
 600 University Avenue | 11th Floor, Room 11D.410 | Toronto, Ontario, Canada M5G 1X5