



CYTOGENETICS LABORATORY
Division of Diagnostics Medical Genetics
Pathology and Laboratory Medicine,
Room 11D.410, 600 University Avenue,
Toronto, Ontario, Canada, M5G 1X5
416-586-4800 x6595

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 - PERINATAL

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