

41 Ramsey Lake Rd, Sudbury ON P3E 5J1  
Tel.:(705)675-4782 Fax:(705)675-4776

Sampling date: \_\_\_\_\_  
Name of referring lab: \_\_\_\_\_

Patient's name: \_\_\_\_\_ Health Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
D.O.B.: DD month YYYY Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Parents (if child): \_\_\_\_\_  
City: \_\_\_\_\_ Postal code: \_\_\_\_\_ Referring physician: \_\_\_\_\_

**Tissue: Reasons for Referral:**

Amniotic Fluid  Positive screen for trisomy 21  Mother 35 years or over at delivery  
 Positive screen for trisomy 18  Abnormal ultrasound: \_\_\_\_\_  
 Positive screen for open neural tube defect  X-linked disorder: \_\_\_\_\_  
 Previous child with chromosomal anomaly. Specify: \_\_\_\_\_  
 Wife or  Husband has special karyotype: \_\_\_\_\_

Ultrasound measurement: \_\_\_\_ BPD / \_\_\_\_ CRL /  mm  cm / Gestation: \_\_\_\_ w \_\_\_\_ d  
 Single  Twin  Other: \_\_\_\_\_ I.D.D.M.:  Yes  No  
Race:  Caucasian  Amerindian  Oriental  Black  Asian Indian  Other: \_\_\_\_\_

**20cc must reach laboratory within a day after sampling. Do not freeze. Keep away from heat.**

Blood  Suspected chromosomal syndrome: Specify: \_\_\_\_\_  
 Dysmorphic facies (specify): \_\_\_\_\_  
 Developmental problem (specify): \_\_\_\_\_  
 Mental retardation  
 Ambiguous genitals (specify): \_\_\_\_\_  
 Newborn with three or more major or minor abnormalities (specify below)  
 Congenital abnormalities:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Infertility  Amenorrhea  
 Patient had 3 or more pregnancy losses (give number): \_\_\_\_\_  
 Spouse had 3 or more pregnancy losses. Name of Spouse: \_\_\_\_\_  
 Relative with chromosomal abnormality. Specify relationship and abnormality: \_\_\_\_\_

Microdeletion syndrome:  
 Angelman  
 DiGeorge / VCF  
 Kallmann  
 Miller-Dieker / Lissencephaly  
 Prader-Willi  
 Smith-Magenis  
 Steroid Sulfatase  
 Subtelomeres  
 Williams  
 Other: \_\_\_\_\_

**Lab method chosen will depend on the information provided and on the blood anti-coagulant. Collect minimum of 2cc in sodium heparin and 2cc in EDTA. Do not freeze or expose to heat.**

CGH Microarray analysis (2cc in EDTA and 2cc in sodium heparin)

Skin or other tissues (specify): \_\_\_\_\_ **After special arrangement only.**  
**Collect specimen in Sterile Saline.**

**Report to:** Name: \_\_\_\_\_ **and to:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**GENETICS LAB USE ONLY** Lab Number: \_\_\_\_\_ Date received: \_\_\_\_\_  
Ped. Number: \_\_\_\_\_ by: \_\_\_\_\_