For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

Please have all specimens delivered to: Central Services MS551 820 Sherbrook Street Winnipeg Manitoba R3A 1R9	Additional requisitions / sample requirements at: https://apps.sbgh.mb.ca/labmanual/test/findTestPrepare Cytogenetics Laboratory Health Sciences Centre MS635C 820 Sherbrook St., Winnipeg MB R3A 1R9 Phone 204-787-2489 Fax 204-787-1384	*Place LIS Sticker Here*

Acceptance Policy 10-50-03: Requirements for Test Requisitions 2.1 - Fields marked with * or ♦ are mandatory and must be clearly legible or can result in specimen rejection.

CYTOGENETICS & FISH – CONSTITUTIONAL REQUISITION

Ordering Provider Information		Patient Information
*Last & Full First Name:	Billing Code:	*Last/First Name: (per Health Card)
*Ordering Facility:		* Date of Birth (dd/mm/yyyy)
Address:		*Sex: Female Male
Critical Results Phone Number:	Fax No.:	*PHIN: *Specify if other province/ DND)
Physician Signature:	Phone No.:	MRN:
Copy Report To: *(if info missing, report may not be sent)*		Encounter Number:
Last & Full First Name:	Fax No.:	Patient Phone No:
Facility Name/ Address:	Phone No.:	Patient Address:
Last & Full First Name:	Fax No.:	Demographics verified: ❑ Health Card ❑ Armband ❑eChart/CR ❑ Other
Facility Name/ Address:	Phone No.:	

Collection Information (fields marked with ♦ required by person collecting sample)

♦ Collector:	♦ Collection Facility/Lab:	♦ Collection Date:	♦ Time:

Sample Type & Requirements - *Store at room temperature. DO NOT FREEZE.*

☐ Peripheral Blood **If pregnant, indicate gestational age: weeks**	☐ Cardiac Blood	☐ Cord Blood	☐ DNA (microarray only)

Test(s) Requested & Indications for Study

☐ [1]Chromosome Analysis **Specimen Collection:** 2-4mL in NaHep.	☐Three or more recognized pregnancy losses (includes miscarriages & stillbirths) ☐ Infant with suspected Down Syndrome ☐ Primary or secondary amenorrhea ☐ Family history of Down Syndrome with unknown status of index case	☐ Infertility ☐ Suspected Klinefelter Syndrome ☐ Suspected Turner Syndrome ☐ Unexplained stillbirth (fetal blood required)
☐ [2]Microarray **Specimen Collection:** 4mL in EDTA and 4mL in NaHep. Infants <1 year of age: 1mL in EDTA and 1mL in NaHep.	☐ Developmental delay/ Intellectual disability ☐ Multiple congenital anomalies (list in Additional information) ☐ Dysmorphic features (list in Additional information)	☐ Autism spectrum disorder ☐ Family studies Proband: ☐ 22q11.2 targeted array ☐ Other:
☐ FISH (Clinical Geneticists only) **Specimen Collection:** 2-4mL in NaHep.	☐ Ambiguous genitalia ☐ Turner syndrome confirmation ☐ Sex chromosome mosaicism ☐ X-linked ichthyosis	☐ Family studies Proband: ☐ Microarray follow-up ☐ [3]Other:
☐ Chromosome Breakage Studies (Clinical Geneticists and Hematologists only) **Specimen Collection:** 2-6mL in NaHep.	☐ Ataxia Telangiectasia ☐ Fanconi Anemia (Sample must be received by noon, the same day of collection, Monday to Thursday.)	
Additional information:		

[1] Physicians may order chromosome analysis according to the indications listed above, as per guidelines on the LIM. Endocrinologists may order chromosome analysis for sex chromosome disorders. For all other clinical indications require a consult with the clinical geneticist on-call.
[2] Microarray can only be ordered by a Genetics Professional or developmental pediatrician. *22q11.2 targeted array may be ordered by a pediatric cardiologist or pediatric immunologist.*
[3] Other constitutional FISH requests may be available for testing by send-out only and are to be discussed with a Cytogeneticist.

Genomics LIS Label