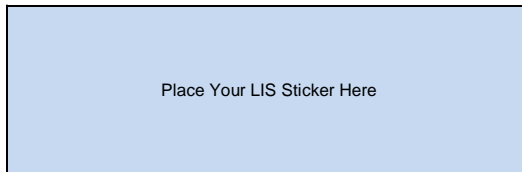


CYTOGENETICS & FISH - CONSTITUTIONAL Requisition

Please have all specimens delivered to:

Central Services
MS551 820 Sherbrook St
Winnipeg, Manitoba R3A 1R9



Additional requisitions and sample requirements available at:
www.dsmanitoba.ca/info for professionals/LIM

Cytogenetics Laboratory
Health Sciences Centre
MS635C, 820 Sherbrook St.
Winnipeg, Manitoba R3A 1R9
Phone: 204-787-2489 Fax: 204-787-1384

ORDERING PROVIDER INFORMATION				PATIENT INFORMATION			
*Last & Full First Name:		Billing Code:		*Last/First Name: <small>(as per Manitoba Health Card)</small>			
*Ordering Facility:		Inpatient Location:		*Date of Birth: / / <small>(dd / mm / yyyy)</small>		*Address:	
Address:				*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		*Phone No:	
*Critical Results Phone No:		*Fax No.		*PHIN:		Postal Code:	
ADDITIONAL COPY OF REPORT IF REQUIRED				*Alternate ID: <small>(include ID type with number i.e. RCMP, SK, DND, etc.)</small>		City:	
*Last & Full First Name:		Billing Code:		MHSC#:		Province:	
Address:				MRN:			
Phone No:		*Fax No.		Encounter Number:			
				Demographics verified with: <input type="checkbox"/> Health Card <input type="checkbox"/> eChart/CR <input type="checkbox"/> Armband			
SAMPLE TYPE & REQUIREMENTS				COLLECTION INFORMATION			
<input type="checkbox"/> Peripheral Blood		If patient is pregnant, please indicate gestational age: _____ weeks For Chromosome Analysis &/or FISH: collect 2-4mL in a NaHep vacutainer. For Microarray: Collect 2-4mL in an EDTA vacutainer. Breakage Studies: Call laboratory at 204-787-2498 to arrange date of testing. Collect 4-6mL in a NaHep vacutainer. Store at room temperature. DO NOT FREEZE.		*Collection Date: / / <small>(dd / mm / yyyy)</small>		*Collection Time: : <small>(hh : mm)</small>	
<input type="checkbox"/> Cardiac Blood						Collected By:	
<input type="checkbox"/> Cord Blood							
TEST(S) REQUESTED		INDICATION FOR CHROMOSOMES		INDICATION FOR MICROARRAY		INDICATION FOR FISH	
<input type="checkbox"/> Chromosome Analysis <input type="checkbox"/> Microarray (Genetics Professional only) <input type="checkbox"/> EDTA blood <input type="checkbox"/> DNA <input type="checkbox"/> FISH (select probe from list) <input type="checkbox"/> FISH for Microarray Confirmation Chromosome Breakage Studies (Medical Geneticists only): <input type="checkbox"/> Fanconi Anemia <input type="checkbox"/> Ataxia Telangiectasia		<input type="checkbox"/> Three or more recognized pregnancy losses (includes miscarriages and stillbirths) <input type="checkbox"/> Infant with suspected Down Syndrome <input type="checkbox"/> Family history of Down Syndrome with unknown status of index case <input type="checkbox"/> Primary or secondary amenorrhea / premature menopause <input type="checkbox"/> Male / Female infertility <input type="checkbox"/> Suspected Klinefelter Syndrome <input type="checkbox"/> Short stature in female <input type="checkbox"/> Unexplained stillbirth (fetal blood required) <input type="checkbox"/> Other:		<input type="checkbox"/> Developmental delay/ Intellectual disability <input type="checkbox"/> Congenital anomalies <input type="checkbox"/> Dysmorphic features <input type="checkbox"/> Autism <input type="checkbox"/> Parental studies Proband name: <input type="checkbox"/> Other:		<input type="checkbox"/> Ambiguous genitalia <input type="checkbox"/> Turner syndrome confirmation <input type="checkbox"/> Sex chromosome mosaicism <input type="checkbox"/> X-linked ichthyosis <input type="checkbox"/> 22q11.2 microdeletion/duplication ² <input type="checkbox"/> Parental studies Proband name: <input type="checkbox"/> Other:	
		Additional information:				FISH PROBE LIST: <input type="checkbox"/> CEPX/CEPY <input type="checkbox"/> Xp22.3 STS/CEPX <input type="checkbox"/> 22q11.2 TUPLE1(HIRA) <input type="checkbox"/> †Other:	

¹Physicians may order chromosome analysis according to the indications for chromosomes listed above. Please see guidelines on the LIM. Endocrinologists may also order for sex chromosome disorders. All other clinical indications will need to be discussed with the clinical geneticist on call at 204-787-2071. Please arrange for a clinical consult as required.

²FISH can only be ordered by a Medical Geneticist or Pediatric Cardiologist (22q11.2 only). Please see 22q11.2 FISH Criteria on the LIM.

[†]Other constitutional FISH requests may be available for testing by send-out only and are to be discussed with a Cytogeneticist.

Cytogenetics Lab Use Only

Computer Code: _____
Laboratory Number: _____

Status Code: _____
Date Sample Received: _____

(Genomics LIS label)