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 – PRENATAL REQUISITION

ORDERING PROVIDER INFORMATION			
*Last & Full First Name:		Billing Code:	
*Ordering Facility:		Inpatient Location:	
Address:			
Critical Results Phone No:	*Fax No.		

ADDITIONAL COPY OF REPORT IF REQUIRED			
*Last & Full First Name:		Billing Code:	
*Facility Name:			
Address:			
Phone No:		*Fax No.	

PATIENT INFORMATION

*Last/First Name:
(as per Manitoba Health Card)
*Date of Birth: / /
(dd / mm/ yyyy)
*Sex: ☐ Female ☐ Male

*PHIN:
Specify if other province/ DND
MRN:

Encounter Number:

Patient Phone No.:

Patient Address:

Demographics verified with: ☐ Health Card ☐ eChart/CR ☐ Armband

SAMPLE TYPE & REQUIREMENTS

☐ Amniotic Fluid

☐ Other:

Gestational Age: **weeks**

For QF-PCR, chromosome analysis or other tests on cultured amniocytes: 24mL amniotic fluid required.

#**Send-out testing for direct amniotic fluids:** 30mL amniotic fluid required.

SLOS (7-DHC): 24mL amniotic fluid required. *Protect sample from light.*

Store at room temperature. DO NOT FREEZE.

COLLECTION INFORMATION

*Collection Date: / /
(dd/ mm/ yyyy)

*Collection Time: :
(hh : mm)

Collected By:

TEST(S) REQUESTED

☐ QF-PCR

☐ Chromosome Analysis

☐ FISH (select probe from list)
(Clinical Geneticists only)

☐ #Direct Amniotic Fluid for Molecular Diagnostics
(Molecular Diagnostics requisition required)

☐ Cultured Amniocytes for Molecular Diagnostics
(Molecular Diagnostics requisition required)
- ☐ DNA banking
- ☐ In-house Test
- ☐ Send Out Test

☐ #Microarray on Direct Fluid
(Genetics Professional only)

☐ Microarray on Cultured Amniocytes
(Genetics Professional only)

☐ Smith-Lemli Opitz (SLOS, 7-DHC)
(separate requisition required)

☐ Acetylcholinesterase (ACHE)
(separate requisition required)

INDICATION FOR STUDY

☐ Positive maternal serum screen

☐ Positive NIPT Specify result:

☐ Abnormality seen on ultrasound
- ☐ Nuchal translucency
- ☐ Cystic hygroma
- ☐ Cardiac anomaly
- ☐ Neural tube defect

☐ Other:

☐ Known familial/previous chromosome abnormality

☐ Parent known mutation carrier

☐ Other:

Additional information:

FISH PROBE LIST:

☐ CEPX/CEPY

☐ Xp22.3 STS/CEPX

☐ [1]22q11.2 HIRA

☐ †Other:

[1]*Please see 22q11.2 FISH Criteria on the LIM.*

†*Other amniotic fluid 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: _____ Status Code: _____

Laboratory No.: _____ Date Sample Received: _____

Genomics LIS Label