

CYTOGENETICS & FISH - PRENATAL Requisition

Please have all specimens delivered to:

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

Place Your LIS Sticker Here

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"/> Amniotic Fluid		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. <i>Protect sample from light.</i> Store at room temperature. DO NOT FREEZE.				*Collection Date: / / <small>(dd/ mm/ yyyy)</small>	
<input type="checkbox"/> Other:						*Collection Time: : <small>(hh : mm)</small>	
Gestational Age: weeks						Collected By:	
TEST(S) REQUESTED		INDICATION FOR STUDY		FISH PROBE LIST:			
<input type="checkbox"/> QF-PCR <input type="checkbox"/> Chromosome Analysis <input type="checkbox"/> FISH (select probe from list) <small>(Medical Geneticists only)</small> <input type="checkbox"/> Direct Amniotic Fluid required for DNA <small>(separate requisition required)</small> <input type="checkbox"/> Cultured Amniocytes required for DNA <small>(separate requisition required)</small> <input type="checkbox"/> Microarray on Direct Fluid <small>(Genetics Professional only)</small> <input type="checkbox"/> Microarray on Cultured Amniocytes <small>(Genetics Professional only)</small> <input type="checkbox"/> Smith-Lemli Opitz (SLOS, 7-DHC) <small>(separate requisition required)</small> <input type="checkbox"/> Acetylcholinesterase (ACHE) <small>(separate requisition required)</small>		<input type="checkbox"/> Positive maternal serum screen <input type="checkbox"/> Positive NIPT Specify result: <input type="checkbox"/> Abnormality seen on ultrasound <input type="checkbox"/> Nuchal translucency <input type="checkbox"/> Cystic hygroma <input type="checkbox"/> Cardiac anomaly <input type="checkbox"/> Neural tube defect <input type="checkbox"/> Other: <input type="checkbox"/> Known familial/previous chromosome abnormality <input type="checkbox"/> Parent known mutation carrier <input type="checkbox"/> Other: Additional information:		<input type="checkbox"/> CEPX/CEPY <input type="checkbox"/> Xp22.3 STS/CEPX <input type="checkbox"/> '22q11.2 TUPLE1(HIRA) <input type="checkbox"/> †Other:			

[†]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: _____
Laboratory Number: _____

Status Code: _____
Date Sample Received: _____

(Genomics LIS label)