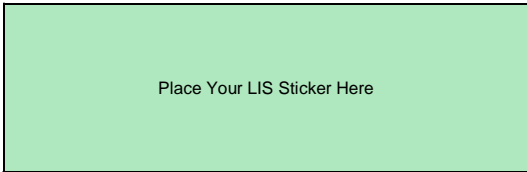


As per DSM Specimen Acceptance Policy 10-50-03 – Requirements for Test Requisitions 2.1 – All information marked with an asterisk * is mandatory and must be clearly legible. Failure to comply may result in specimen rejection.

CYTOGENETICS & FISH - TISSUES 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"/> Products of Conception		Gestational Age: weeks		*Postnatal / Fetal Tissue: Obtain a 1cm x 1cm sample.		*Collection Date: / / <small>(dd/ mm/ yyyy)</small>	
<input type="checkbox"/> Amnion		Gestational Age: weeks		*Placental Tissue: Obtain a 1cm x 1cm sample of the amnion from the fetal surface of the placenta next to the cord insertion.			
<input type="checkbox"/> Skin Biopsy (Geneticists only)		Body Site:		Place samples in sterile culture medium and immediately transport at room temperature to the laboratory.		*Collection Time: : <small>(hh : mm)</small>	
<input type="checkbox"/> Banked Fibroblast Sample				DO NOT PLACE SAMPLES IN FORMALIN. DO NOT FREEZE.			
<input type="checkbox"/> Other:						Collected By:	
TEST(S) REQUESTED		INDICATION FOR STUDY		FISH PROBE LIST:			
Culture cells for (select all that apply): <input type="checkbox"/> Chromosome Analysis <input type="checkbox"/> Microarray (Genetics Professional Only) <input type="checkbox"/> FISH (select probe) <small>(Medical Geneticists only)</small> <input type="checkbox"/> Grow & Freeze <input type="checkbox"/> DNA <small>(separate requisition required)</small> <input type="checkbox"/> Send <small>(separate documentation required)</small> <input type="checkbox"/> Other:		Fetal anomalies and/or IUGR <u>must</u> be present for fetal demise investigations. Additional information:		<input type="checkbox"/> CEPX/CEPY <input type="checkbox"/> Xp22.3 STS/CEPX <input type="checkbox"/> 122q11.2 TUPLE1(HIRA) <input type="checkbox"/> †Other:			

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

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

Cytogenetics Lab Use Only		(Genomics LIS label)
Computer Code: _____	Status Code: _____	
Laboratory Number: _____	Date Sample Received: _____	