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.

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

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

*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)	*Address:	
*Sex: ☐ Female ☐ Male	*Phone No:	
*PHIN:	Postal Code:	
*Alternate ID: (include ID type with number i.e. RCMP, SK, DND, etc.)	City:	Province:
MHSC#:	MRN:	
Encounter Number:		
Demographics verified with: ☐ Health Card ☐ eChart/CR ☐ Armband		

SAMPLE TYPE & REQUIREMENTS

☐ Products of Conception	Gestational Age: weeks	**Postnatal / Fetal Tissue:** Obtain a 1cm x 1cm sample. **Placental Tissue:** Obtain a 1cm x 1cm sample of the amnion from the fetal surface of the placenta next to the cord insertion. Place samples in sterile culture medium and immediately transport at room temperature to the laboratory. DO NOT PLACE SAMPLES IN FORMALIN. DO NOT FREEZE.
☐ Amnion	Gestational Age: weeks	
☐ Skin Biopsy (Geneticists only)	Body Site:	
☐ Banked Fibroblast Sample		
☐ Other:		

COLLECTION INFORMATION

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

*Collection Time: : (hh : mm)

Collected By:

TEST(S) REQUESTED

Culture cells for (select all that apply):

- ☐ Chromosome Analysis
- ☐ Microarray (Genetics Professional Only)
- ☐ FISH (select probe) (Medical Geneticists only)
- ☐ Grow & Freeze
- ☐ DNA *(separate requisition required)*
- ☐ Send *(separate documentation required)*
- ☐ Other:

INDICATION FOR STUDY

Fetal anomalies and/or IUGR must be present for fetal demise investigations.
Additional information:

FISH PROBE LIST:

- ☐ CEPX/CEPY
- ☐ Xp22.3 STS/CEPX
- ☐ [1]22q11.2 TUPLE1(HIRA)
- ☐ [†]Other:

[1] *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

Computer Code: _____ Status Code: _____

Laboratory Number: _____ Date Sample Received: _____

(Genomics LIS label)

Shared health Soins communs Manitoba