

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.

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. | | Collected By: | |
| <input type="checkbox"/> Other: | | | | | | | |
| 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: _____ | | |