



Cytogenetics Requisition (Non-Cancer)

Cytogenetics Laboratory
4001 Leslie Street 3SE Toronto ON M2K1E1
Tel: 416-756-6240 Fax: 416-756-4729
www.nygh.on.ca/genetics/labs

Patient Information/Place Stamp Here

Health Card Number _____

Last Name _____

First Name _____

DOB _____ Sex M F
YYYY/MM/DD

Address _____

Use Microarray Requisition for indications of Developmental delay/Intellectual delay/Autism/Multiple congenital.
Use Prenatal and Neonatal Requisition for prenatal and newborn samples.
Use Hemato-Oncology Requisition for oncology samples.

Specimen Type *(see page 2 for sample requirements)*

Peripheral Blood (3 mL NaHep)

Collection Information

Collection Centre _____ Collection Date _____

Patient/Family Information

Pregnant Gestation _____ weeks Family studies (name of spouse or proband) _____

G-Banded Chromosome Analysis – Indications

- | | |
|---|--|
| <input type="checkbox"/> Ambiguous genitalia | <input type="checkbox"/> Klinefelter syndrome |
| <input type="checkbox"/> Amenorrhea (primary or secondary) | <input type="checkbox"/> Premature menopause |
| <input type="checkbox"/> Azoospermia/Oligospermia | <input type="checkbox"/> Premature ovarian insufficiency |
| <input type="checkbox"/> Chromosome anomaly follow-up (specify) _____ | <input type="checkbox"/> Three or more pregnancy losses |
| <input type="checkbox"/> Family history | <input type="checkbox"/> Turner syndrome |
| <input type="checkbox"/> Chromosome anomaly (specify) _____ | <input type="checkbox"/> Trisomy (specify) _____ |
| <input type="checkbox"/> Three or more pregnancy losses | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other (specify) _____ | |

FISH Analysis – Indications

DiGeorge/VCFS (22q11.2)

Physician Information

Referring Physician: _____

Address: _____

Phone: _____ Fax: _____

Copy to: _____

Address: _____

Phone: _____ Fax: _____

Cytogenetics Lab Use Only

Lab Number _____

Related Lab Numbers _____

Date Received _____

Req. Check _____ Chart Check _____

REQUIREMENTS

NYGH Genetics Laboratories Terms & Conditions can be found on our website at <https://www.nygh.on.ca/areas-care/genetics/genetics-forms-and-additional-information>. These Terms & Conditions must be reviewed prior to placing an order.

Requisition

This Cytogenetics Requisition must be filled out completely including:

- Patient information: Ontario health card number, name, date of birth, and sex
- Specimen information: specimen type, collection centre, collection date
- Indication(s) for testing
- Referring physician(s) name, address, phone and fax numbers, and signature
- Indicate if there is an ongoing pregnancy
- Any other relevant information

Sample Requirements

- 3 mL of venous blood collected in a sodium heparin vacutainer labelled with the patient name. This can be drawn at a community blood collection centre.

Shipping Instructions

- Transport specimens at room temperature as soon as possible (see address on the requisition).
- Specimens are accepted between **8:30 a.m.-3:30 p.m.** Monday to Friday.
- When shipping specimens, follow the regulations of the Transportation of Dangerous Goods Act (1992, C.34).