NORTH YORK GENERAL
Making a World of Difference

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

☐ Ambiguous genitalia
☐ Amenorrhea (primary or secondary)
☐ Azoospermia/Oligospermia
☐ Chromosome anomaly follow-up (specify) _____
☐ Family history
  ☐ Chromosome anomaly (specify) _____
  ☐ Three or more pregnancy losses
  ☐ Other (specify) _____
☐ Klinefelter syndrome
☐ Premature menopause
☐ Premature ovarian insufficiency
☐ Three or more pregnancy losses
☐ Turner syndrome
☐ Trisomy (specify) _____
☐ Other _____

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 _____ Date Received _____
Related Lab Numbers _____ Req. Check _____ Chart Check _____

SAMPLE REQUIREMENTS

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).