



**NORTH
YORK
GENERAL**
*Making a World
of Difference*

Genetics Laboratories
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Patient information/Place Stamp Here

Patient Name: _____
(Last) (First)

D.O.B.: _____ **Male** **Female**
yyyy mm dd

Health Card#: _____

Address: _____

Clinic Chart #: _____

Prenatal & Neonatal Genetics Requisition

Sample Requirement:

- Amniotic Fluid: minimum 25 mL
 Fetal tissue (specify): _____
 DNA (tissue source): _____
 Peripheral blood in NaHep: minimum 1 mL
 Cord blood in NaHep: minimum 1 mL

Specimen Collection Centre: _____ Collection date: _____

The DNA extracted from the patient's specimen (amniotic fluid, fetal tissue or blood will be destroyed one year after the test is reported. Some residual specimens may be used anonymously in the lab for test development or quality assurance purposes, unless waived by the patient. I wish to waive the usage of my specimen by the lab. Patient/designate signature _____, Date _____

Clinical Indications:

Prenatal:

Gestation: _____ weeks

- AMA
 Screen Positive (specify) _____
 Abnormal US: IUGR
 Congenital anomalies
 Other (specify) _____
 Family History (specify) _____
 Fetal Demise with congenital anomalies/IUGR
 Stillbirth with congenital anomalies/IUGR
 Other (specify): _____

Neonatal:

- MCA (specify): _____
 Dysmorphic features (specify): _____
 Failure to thrive
 Trisomy (specify): _____
 Other (specify): _____

Genetics Tests:

- QF-PCR only (aneuploidy for chromosomes 13, 18, 21, X and Y) (no Microarray)
 QF-PCR plus Microarray
 Save Cultured Amniocytes (specify reason): _____
 Ship Out – NYGH Genetics Clinic only (must complete a DNA Banking and Shipping requisition (MG.99.801))
 Other _____

Referring Physician:

Name: _____
 Address: _____

 Phone: _____ Fax: _____
 Signature: _____

Copy of Report:

Name: _____
 Address: _____

 Phone: _____ Fax: _____

NYGH LAB USE

Lab labels:

Ped #: _____

Date Rec'd:

Sample Requirements

Prenatal & Neonatal Genetics Requisition

Requisition

Complete this Requisition completely including;

- Patient information: patient's name, date of birth, gender, address and Ontario Health Card number
- Specimen information: specimen type, where collected and when collected
- Indications for testing
- Referring physician name, address, phone and fax numbers, and signature
- Any other relevant information

Sample Requirements

Label specimens with at minimum the individual's first and last names and date of birth

Blood: Collect 1 mL minimum in sodium heparin vacutainer

Amniotic Fluid: Collect 25 mL of amniotic fluid in a sterile syringe and transport in a sterile polypropylene tube. Please phone lab prior to shipping.

Fetal Tissue: Specimen must be transported in sterile **physiological saline or PBS** in a sterile tube or container. Minimum size of tissue is 0.5 x 0.5 cm. Acceptable tissues: cartilage, skin or recognizable fetal parts. ***Samples without recognizable fetal parts will not be accepted.***

Testing on tissue will only be performed for fetal loss or stillbirth with congenital anomalies and/or IUGR.

Please note:

Specimens received that do not meet sample requirements will be rejected.

Shipping Instructions

- Ship specimens at **room temperature** by overnight courier such that the specimen arrives in the Laboratory Monday to Friday
- Specimens held for a few days prior to shipping should be maintained at 4°C
- When shipping specimens, follow the regulations of the Transportation of Dangerous Goods Act (1992, C.34)