



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

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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:

- |                                                        |                                                                  |
|--------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Amniotic Fluid: minimum 25 mL | <input type="checkbox"/> Peripheral blood in NaHep: minimum 1 mL |
| <input type="checkbox"/> Fetal tissue (specify): _____ | <input type="checkbox"/> Cord blood in NaHep: minimum 1 mL       |
| <input type="checkbox"/> DNA (tissue source): _____    |                                                                  |

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)