NORTH YORK GENERAL
Making a World of Difference

Cytogenetics Requisition

Cytogenetics Laboratory
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Tel: 416-756-6240 Fax: 416-756-4729
www.nygh.on.ca/genetics/labs

***Patient Information**/Place Stamp Here*

Patient Name: _____

Sex: ☐ **M** ☐ **F** **D.O.B.:** _____ (yyyy-mm-dd)

Health Card #: _____

Address: _____

For indications of Developmental delay/Intellectual delay/Autism/Multiple congenital anomalies please use the MICROARRAY Requisition.
For Prenatal and Newborn samples, please use the PRENATAL AND NEONATAL Requisition.

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

☐ Peripheral Blood (3 mL NaHep)
☐ Bone Marrow (1-2 mL NaHep)
☐ Paraffin-embedded Tissue Slides Specimen #_____
☐ Other (Specify) _____

Collection Information

☐ Collection Centre: _____ Collection Date: _____ Collected by: _____
(Blood may be drawn at a community blood collection centre)
☐ NYGH Outpatient ☐ NYGH Inpatient (Ward) _____

Patient/Family Information

If pregnant: Gestation _____ weeks If family study, provide name of spouse or proband: _____

Constitutional Chromosome Studies

Indication for Testing

☐ Ambiguous genitalia
☐ Amenorrhea
☐ Azoospermia/Oligospermia
☐ Family history (specify) _____
☐ Klinefelter syndrome
☐ Microarray follow-up (specify) _____
☐ Premature/early menopause
☐ Premature ovarian insufficiency
☐ Recurrent pregnancy loss (≥3)
☐ Short stature
☐ Turner syndrome
☐ Trisomy (specify) _____
☐ Other _____

Oncology Cytogenetic Studies ☐ Diagnostic ☐ Follow-up

Indication for Testing

☐ ALL ☐ AML ☐ APL ☐ CLL ☐ CML ☐ CMML
☐ Cytopenia (specify) _____ ☐ LPL ☐ MDS ☐ MPN
☐ Follicular lymphoma __ FISH: IGH/BCL2
☐ High-grade B-cell lymphoma __ FISH: BCL6, MYC and BCL2
☐ Mantle cell lymphoma __ FISH: IGH/CCND1
☐ Marginal zone lymphoma __ FISH: 3q, 7q and MALT1
☐ Multiple myeloma __ FISH: 1p/1q, D13S319/LAMP1, IGH and TP53 with Reflex IGH/FGFR3, IGH/CCND1 and IGH/MAF
☐ Other _____

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: Patient's name, date of birth, sex and Ontario Health Card Number. Please provide ALL information requested.
- Specimen information: Specimen type, collection centre, collection date
- Indications 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

- *Peripheral Blood:* 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.
  NOTE: blood samples of non-NYGH patients WILL NOT be drawn at NYGH.
- *Bone Marrow:* 1-2 mL of bone marrow aspirate collected in a sodium heparin vacutainer labelled with the patient name
- *Paraffin-embedded Oncology Tissue Slides:*
  - 10% neutral buffered formalin-fixed paraffin-embedded tissue cut to 3-5 microns, mounted on positively charged slides (e.g. Surgipath SnowCoat X-tra) and dried at 50-60°C for 30-60 minutes.
  - One H&E stained slide with the area of interest clearly marked, or documentation that any area of the tissue may be used.
  - One slide per FISH probe ordered + 2 extra slides for repeats.
  - Slides must be labelled with an identifier such as the Accession Number
  - **Please note: Do not send blocks. Only slides are accepted. Slides and blocks will not be returned.**

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).