



Cytogenetics Requisition

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

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 | <input type="checkbox"/> Ambiguous genitalia | <input type="checkbox"/> Premature/early menopause |
| | <input type="checkbox"/> Amenorrhea | <input type="checkbox"/> Premature ovarian insufficiency |
| | <input type="checkbox"/> Azoospermia/Oligospermia | <input type="checkbox"/> Recurrent pregnancy loss (≥3) |
| | <input type="checkbox"/> Family history (specify) _____ | <input type="checkbox"/> Short stature |
| | <input type="checkbox"/> Klinefelter syndrome | <input type="checkbox"/> Turner syndrome |
| | <input type="checkbox"/> Microarray follow-up (specify) _____ | <input type="checkbox"/> Trisomy (specify) _____ |
| | <input type="checkbox"/> Other _____ | |

Oncology Cytogenetic Studies Diagnostic Follow-up

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

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 _____

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).