



Cytogenetics Laboratory
 4001 Leslie Street 3SE
 Toronto ON M2K1E1
 Tel: 416-756-6240
 Fax: 416-756-4729
 www.nygh.on.ca/genetics/labs

Cytogenetics Requisition

Patient Information/Place Stamp Here

Last Name: _____
 First Name: _____
 Sex: M F D.O.B (yyyy-mm-dd): _____
 Health Card #: _____
 Address: _____
 Postal Code: _____ Telephone: _____

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

Specimen Type

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

Collection Centre: _____ NYGH Patient: Outpatient Inpatient (Ward): _____

Collection Date: _____ Collected By: _____

Routine STAT If pregnant, provide gestation: _____ weeks

Parental or family study, provide name of spouse, proband, etc. _____

Reason for Referral

Constitutional

- Ambiguous genitalia Microarray follow-up
 Amenorrhea Microarray findings: _____
 Family history (specify): _____

 Short stature
 Infertility Turner syndrome
 Klinefelter syndrome Trisomy (specify) _____
 Molar pregnancy Other: _____
 Multiple miscarriages (≥3) _____
 Premature ovarian insufficiency _____

Oncology

- Diagnostic Follow-up
 AML
 Anemia
 CLL (performed by microarray)
 CML
 Lymphoproliferative disease _____
 MDS
 MPN
 Multiple Myeloma
 Mantle Cell Lymphoma
 Other: _____

Test Required

Chromosome analysis (karyotype)

FISH analysis:

Constitutional

- Aneuploidy (chr 13, 16, 18, 21, X and Y)
 DiGeorge/Velo-Cardio Facial Syndrome (22q11.2)
 Microarray FISH follow-up
 Other: _____

Oncology

- PML/RARA (t(15;17))
 BCR/ABL (t(9;22))
 Lymphoma Panel (BCL6, MYC and BCL2)
 IGH/CCND1 (t(11;14))
 MALT1 (18q21)
 MM Panel (CKS1B/CDKN2C (P18), D13S319/LAMP1, IGH, TP53, and Reflex panel)
 Other: _____

Physician Information

Referring Physician: _____
 Address: _____
 Phone: _____ Fax: _____

Copy to: _____
 Address: _____
 Phone: _____ Fax: _____

Cytogenetics Lab Use Only

Lab Number: _____ Related Lab Number(s): _____ Date Received: _____

Comments: _____ Req. Check: _____ Chart Check: _____

SAMPLE REQUIREMENTS

- Complete a Cytogenetics Requisition and provide ALL information requested. Samples will not be processed if the requisition is incomplete.
- Transport specimens at room temperature directly to the Cytogenetics Laboratory (see address on the other side).

1. Blood

Collect 3 mL of venous blood in a **sodium** heparin vacutainer.

2. Bone Marrow

Collect 1-2 mL of bone marrow aspirate in a **sodium** heparin vacutainer.

3. Paraffin-embedded Tissue

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. **Please note: Do not send blocks. Only slides are accepted. Slides and blocks will not be returned.**

Molar pregnancy and aneuploidy:

- Four slides, one of which should be H&E stained. The area of interest must be clearly marked on the H&E slide.

Oncology:

- 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 probe ordered + 2 extra for repeats.