2013
V 1.2

CYTOGENETICS LABORATORY REQUISITION
Constitutional Studies

Vancouver General Hospital
899 West 12th Avenue, Vancouver, BC, V5Z 1M9
Tel: 604-875-4129 • Fax: 604-875-4333

VGH Cytogenetics Number

Medical Genetics Number

PHYSICIAN INFORMATION		PATIENT INFORMATION	
ORDERING PHYSICIAN	BILLING #	SURNAME	GIVEN NAME(S)
ADDRESS		DATE OF BIRTH (DD/MM/YYYY)	PHN
PHONE #	FAX	GENDER	☐ INPATIENT Ward:……. ☐ OUTPATIENT
GENETIC COUNSELLOR	PHONE #	ADDRESS	
ADDITIONAL REPORTS TO (include first name or billing #):			

CONSTITUTIONAL STUDIES

Reason for Testing – REQUIRED

☐ Recurrent pregnancy loss
☐ Inability to conceive
} ***Partner's name:***
☐ Oligo/azoospermia
☐ Klinefelter syndrome
☐ Amenorrhea
☐ Turner syndrome
☐ Premature ovarian failure
☐ Developmental delay
☐ Autism/ASD
☐ Congenital abnormalities *Specify below*
☐ Pre-IVF; *Date of IVF*:
☐ Family history of chromosome abnormality *Specify below*
☐ Other:

Is patient pregnant? ☐ Yes; *LMP:* ..... ☐ No

Test Requested

☐ **Karyotype**

☐ **FISH** – *A complete list of FISH probes is available upon request*
- ☐ DiGeorge/22q11.2
- ☐ STS
- ☐ Prader-Willi/Angelman syndrome/SNRPN

NOTE: An EDTA blood specimen is required by the Molecular Genetics Lab for PWS/AS methylation studies prior to this FISH assay being performed

- ☐ Other:

☐ **Self-pay cytogenetic/FISH studies**

☐ **Y-microdeletion studies** ◄ *This is a self-pay test.*
Please contact the VGH Cytogenetics Laboratory for payment details

Accounts payable/self-pay receipt #

Relevant Clinical/Family History (*please describe*):

ORDERING PHYSICIAN SIGNATURE – REQUIRED
Signature indicates appropriate counselling has been provided

SPECIMEN REQUIREMENTS *Ship at room temperature, courier overnight, M-Th only.*

☐ Karyotype, and FISH studies – 5 mL Sodium Heparin Blood
◄ ☐ Y-microdeletion studies – 5 mL EDTA Blood

COLLECTION INFORMATION

Date: ……. Time: ...……...…
Location: ……..……..….
Phlebotomist: ……..……..

CG LABORATORY USE ONLY

Date Received: ……...
Date Incubated: ……..……..
Log-in Tech: ……..
Number of Cells: ……
Analyser: ……..……

☐ High Resolution
☐ C Banding/NOR
☐ FISH
☐ Mosaicism
☐ Y-microdeletion

SPECIMEN(S) RECEIVED

……..…….. NaHep tube
…… EDTA tube
…… Other