

CYTOGENOMICS LABORATORY REQUISITION

Constitutional Studies

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

VGH Cytogenomics Number

Medical Genetics Number

PHYSICIAN INFORMATION		PATIENT INFORMATION	
ORDERING PHYSICIAN	BILLING #	SURNAME	GIVEN NAME(S)
ADDRESS		DATE OF BIRTH (DD/MM/YYYY)	SEX <input type="checkbox"/> F <input type="checkbox"/> M
PHONE #	FAX #	PHN	
GENETIC COUNSELLOR	PHONE #	ADDRESS	

ADDITIONAL REPORTS TO (include full name, billing # and clinic location if multiple sites):

CONSTITUTIONAL STUDIES

Reason for Testing – REQUIRED	Test Requested
<input type="checkbox"/> Recurrent pregnancy loss } <i>Partner's name & PHN:</i> <input type="checkbox"/> Inability to conceive } <input type="checkbox"/> Oligo/azoospermia <input type="checkbox"/> Klinefelter syndrome <input type="checkbox"/> Amenorrhea <input type="checkbox"/> Turner syndrome <input type="checkbox"/> Premature ovarian failure/insufficiency <input type="checkbox"/> Pre-IVF; <i>Date of IVF:</i> <input type="checkbox"/> Family history of chromosome abnormality <i>Specify below & provide report if available</i> <input type="checkbox"/> Other:	<input type="checkbox"/> Karyotype <input type="checkbox"/> FISH – <i>ordered as a medical genetics follow-up test only</i> <input type="checkbox"/> DiGeorge/22q11.2 <input type="checkbox"/> STS <input type="checkbox"/> Prader-Willi/Angelman syndrome/SNRPN <i>NOTE: An EDTA blood specimen is required by the Molecular Genetics Lab for PWS/AS methylation studies prior to this FISH assay being performed</i> <input type="checkbox"/> XIST <input type="checkbox"/> Williams syndrome <input type="checkbox"/> Self-pay cytogenetic/FISH studies <input type="checkbox"/> Y-microdeletion studies - <i>This is a self-pay test.</i> <i>Please contact the VGH Cashier's Office at 604-875-4068 for payment.</i> <i>Accounts payable/self-pay receipt #</i>

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.*
Do not collect blood the day before a long weekend.

- Karyotype studies – 5 mL Sodium Heparin Blood
- Y-microdeletion studies – 5 mL EDTA Blood
- FISH studies – 5 mL Sodium Heparin Blood

COLLECTION INFORMATION

Date: Time:
 Location:
 Phlebotomist:

CG LABORATORY USE ONLY

Date Received:
 Date Incubated:
 Logged in by:.....
 Number of Cells:

SPECIMEN(S) RECEIVED

.....NaHep tube
EDTA tube
Other