



**Sinai Health**

**Mount Sinai Hospital**

Joseph & Wolf Lebovic Health Complex

## PRENATAL REQUISITION

### Cytogenetics Laboratory

Division of Diagnostics Medical Genetics  
Pathology and Laboratory Medicine,  
Room 111D.410, 600 University Avenue,  
Toronto, Ontario, Canada, M5G 1X5  
cytogeneticlab.MSH@sinaihealth.ca or  
Phone: 416-586-4800 x6595  
Fax: (416) 586-8395  
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## PATIENT INFORMATION (PLACE LABEL HERE or TYPE)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Prov: \_\_\_\_\_

Ontario Health Card & Version Code \_\_\_\_\_

Sex (OHIP): Male ☐ Female ☐

Sex assigned at birth: Male ☐ Female ☐

Visit #/Patient location: \_\_\_\_\_

## REPORTING INFORMATION

Requesting Physician/Clinician \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Additional Report Recipient \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## PATIENT & FAMILY HISTORY

Clinical information / pedigree: (specify below and include relevant report(s) if available)

## SAMPLE INFORMATION & TEST REQUIRED

### SPECIMEN INFORMATION

Date sample collected \_\_\_\_\_ Gestation: \_\_\_\_\_

#### Specimen Type Submitted

- ☐ Amniotic Fluid ☐ Fetal Urine  
☐ Ascites Fluid ☐ Pleural Effusion  
☐ Cystic Hygroma Fluid ☐ Chorionic Villi (CVS)  
☐ Fetal Blood (Cordocentesis) [Blood in EDTA (lavender top)]  
☐ Maternal Blood for MCC [Blood in EDTA (lavender top)]\*

\*must accompany CVS samples

#### TEST REQUIRED

- ☐ Aneuploidy Detection ☐ Microarray ☐ DNA banking  
☐ Referred Out Test – Indicate Specimen Requirements^

^Attach appropriate paperwork, instructions, waybill and pre-paid account #

- ☐ Amniotic Fluid - Volume \_\_\_\_\_  
☐ Chorionic Villi - Volume \_\_\_\_\_  
☐ Cultured Cells - # T25 flasks \_\_\_\_\_  
☐ DNA – retrieve for send-out – Volume \_\_\_\_\_

## CLINICAL INDICATION

### REASON FOR REFERRAL

(specify below and include relevant report(s) if available)

- ☐ Fetal Ultrasound Findings  
☐ Alloimmunization  
☐ Carrier of Genetic Condition  
☐ Late Maternal Age  
☐ Multiple Pregnancy (specify Fetus ID): \_\_\_\_\_  
☐ TTTS (Twin to Twin Transfusion Syndrome): \_\_\_\_\_  
☐ Previous Child/Pregnancy Abnormality  
☐ Prenatal Screening  
☐ Other

## SPECIMEN REQUIREMENTS

### Prenatal specimens for Aneuploidy Detection & Microarray:

- Amniotic fluid: at least 25 mL
- CVS\*: at least 25 mg.

\*3 to 5 mL of maternal blood in EDTA (lavender tube) must accompany all CVS Specimens [for Maternal Cell Contamination (MCC) Testing]

## INSTRUCTIONS FOR SUBMISSION OF SPECIMENS

Deliver specimens to the Laboratory as soon as possible. Maintain samples at room temperature during transit (do not refrigerate or freeze).