Mount Sinai Hospital
Sinai Health System
Joseph & Wolf Lebovic Health Complex

CYTOGENETICS LABORATORY
Division of Diagnostics Medical Genetics Pathology and Laboratory Medicine,
Room 11D.410, 600 University Ave,
Toronto, Ontario, Canada, M5G 1X5

PATIENT INFORMATION (PLACE LABEL HERE or TYPE)
Last Name:
First Name:
MRN: Visit #:
Date of Birth:
Address:

Gender: ☐ Male ☐ Female ☐ Unknown
Health Card # & Version Code:
Province
MSH Clinic (if applicable):

CYTOGENETICS REQUISITION - PRENATAL

REPORTING INFORMATION

Physician/Midwife _____
Institution _____
Address _____
_____
Phone _____ Fax _____
E-mail _____

Additional Report Recipient _____
Institution _____
Address _____
_____
Phone _____ Fax _____
E-mail _____

PATIENT FAMILY HISTORY

Clinical information / pedigree:

Has this patient had previous cytogenetics testing?
☐ No ☐ Yes ☐ Don't Know

Have other relatives had cytogenetics testing?
☐ No ☐ Yes ☐ Don't Know

Relationship to Patient: _____

DOB: _____ **MRN:** _____
If cytogenetics testing was previously done, please attach a copy of original report

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)]

TEST REQUIRED
☐ Aneuploid Screen ☐ Microarray ☐ DNA banking

☐ Send-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
☐ Alloimmunization
☐ Carrier of Genetic Condition
☐ Fetal Ultrasound Findings (specify below)
☐ Late Maternal Age
☐ Multiple Pregnancy (specify Fetus ID below)
☐ Previous Child/Pregnancy Abnormality (specify below)
☐ Prenatal Screening (specify result details below; include report if applicable)
☐ TTTS (Twin to Twin Transfusion Syndrome)
DETAILS:

SPECIMEN REQUIREMENTS

Prenatal specimens for Aneuploid screen & Microarray:

- **Amniotic fluid: 20 to 30cc**
- **CVS*: 10 to 15mg**

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

INSTRUCTIONS FOR SUBMISSION OF SPECIMENS

Deliver specimens by 4:00pm to:
Pathology & Laboratory Medicine Rapid Response Laboratory ATTENTION CYTOGENETICS LABORATORY
600 University Avenue |11th Floor, Room 11D.410 | Toronto, Ontario, Canada M5G 1X5