



## PERINATAL REQUISITION

### Cytogenetics Laboratory

Division of Diagnostics Medical Genetics  
Pathology and Laboratory Medicine,  
Room 11D.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

### SPECIMEN TYPE:

- ☐ Skin  
☐ Umbilical Cord  
☐ Cartilage  
☐ POC\* (Placenta, membrane, villous material)  
☐ Other (Specify): \_\_\_\_\_  
Date sample collected \_\_\_\_\_ Gestation: \_\_\_\_\_  
☐ Formalin-Fixed Paraffin-Embedded (FFPE) Slides  
[specimen requirements below]  
☐ Maternal Blood for MCC [Blood in EDTA (lavender top)]  
\*Maternal blood in EDTA tube must accompany all POC specimens  
for MCC Testing

## TEST REQUESTED

- ☐ Aneuploidy Detection / LP-GS (Low Pass Genome Sequencing)  
☐ DNA Banking  
☐ DNA Retrieval for Referred Out Test  
☐ Referred Out Test: \_\_\_\_\_  
(\*Note: Related charges may be billed back to the institution)

## CLINICAL INDICATION

### REASON FOR REFERRAL

- ☐ Fetal/neonatal demise  
☐ Molar Pregnancy  
☐ Ultrasound Abnormalities

Pathology Findings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For POC/Tissue Specimens, place maternal demographics here:

Mother's Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
Health Card #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## SPECIMEN REQUIREMENTS

### Fetal Tissue for Genetic Testing:

- **Product of Conception (POC):** 25 mg of UNFIXED tissue in sterile transport media or saline.
- **Umbilical cord:** 1 cm piece of UNFIXED tissue in sterile transport media or saline
- **Skin / Cartilage:** 0.5 cm x 0.5 cm piece of UNFIXED tissue in sterile transport media or saline

### Paraffin Embedded Tissue for Aneuploidy Detection/Genotyping:

- **Placental**  
6 plain slides sequentially cut of 10 microns thickness plus one H&E slide with fetal and maternal areas clearly marked
- **Fetal**  
6 plain slides sequentially cut of 10 microns.

## 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).

