



THP CYTOGENETICS LABORATORY REQUISITION

GENETICS LABORATORY – Credit Valley Hospital

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 Mississauga, ON L5M 2N1 Fax Number: (905) 813-3854

Account Number: _____ Unit Number: _____
 Patient Name: _____
 Date of Birth: _____ Sex: Male Female
 Healthcard Number: _____ Version: _____ WCB SELF PAY
 Street Address: _____
 City: _____
 Postal Code: _____ Home Phone: _____

Complete in full to avoid delay in reporting result

PHYSICIAN INFORMATION	
Referring Dr: _____	Copy To: _____
Registration Number: _____	Registration Number: _____
Address: _____	Address: _____
Telephone: _____ Fax: _____	Telephone: _____ Fax: _____
Signature (required): _____	

SPECIMEN COLLECTION DATE (DD/MM/YYYY): _____ Time: _____

Patient Pregnant? Last Menstrual Period: _____

CONSTITUTIONAL CYTOGENETICS	ONCOLOGY CYTOGENETICS
Specimen Requirements Blood: 3mL NaHep (1mL for neonates) Cord Blood: 3mL NaHep Tissue: (source) Product of Conception (Fresh, No Formalin)	Specimen Requirements Bone Marrow: 3mL NaHep (Copy of CBC attached) Blood: 3mL NaHep (Copy of CBC attached) Cell Suspension (Source): _____ Paraffin Embedded Tissue Slide: 4u thickness -Specimen Number /Block Number: _____
Reason for Referral Trisomy (specify chromosome): Turner Syndrome Klinefelter Ambiguous Genitalia Infertility Greater than 3 Miscarriages Stillbirth/ Neonatal Death Family History of Chrom. Rearrangement: (Specify): _____	Reason for Referral CML Anemia AML Lymphoma MDS Eosinophilia MPD Multiple Myeloma CLL Other: _____
FISH Prader Willi / Angelman Velo-cardio-facial (VCF) Williams Cri Du Chat Miller Dieker Smith Magenis Wolf Hirschhorn	FISH Multiple Myeloma Panel Mantle Cell t (11;14) PML/RARA PDGFR-alpha PDGFR-beta MYC
	Paraffin Embedded FISH (include H&E - circle area of interest) Her2-Neu MYC BCL6 BCL2 ALK ROS1
	Microarray CLL Panel

CVH Lab Use Only		
Date Received (DD/MM/YYYY): _____	Time: _____	Number of Tubes Received: _____
Comments: _____		
MRN: _____	LAB Number: _____	