



Site: \_\_\_\_\_

**Alberta Children's Hospital  
Cytogenetics Laboratory**

2888 Shaganappi Trail, Calgary, AB Canada T3B 6A8  
Phone: 403-955-7375 Fax: 403-476-8796

**Requisition for Constitutional Cytogenetic  
and FISH Services**

Collection Date (yyyy/month/day)  Patient Surname		Collection Site  Given Names	PHN  City	Date of Birth (yyyy/month/day)  Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Doctors / Clinic / Hospital to Receive Report</b> *only doctors listed will receive reports				
Gestational Age _____ wks  BPD _____  Screen Risk _____	<b>Clinical Indication for Cytogenetic Investigation</b> → Must be given for sample to be processed (please include relevant clinical history, clinical features, pertinent family history and Gravida/Para)			
<b>Specimen Type and Handling: See Reverse*</b> <input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Cord Blood <input type="checkbox"/> Tissue <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Other (Specify type) _____ <input type="checkbox"/> CVS				
<b>Required Tests</b> <input type="checkbox"/> Chromosome Analysis / Karyotype <input type="checkbox"/> FISH – please specify: _____ <input type="checkbox"/> Amniotic Fluid AFP (fluid will be forwarded to CLS for assay) <input type="checkbox"/> Other – please specify: _____ <input type="checkbox"/> Breakage Studies (ie Fanconi Anemia)				
Previous Cytogenetic or FISH analysis.  Give lab report # _____ or provide copy from outside lab.	<b>Additional Information (medications, transfusions)</b>			
If patient is under 18 years, please provide parent's names and birth dates Mother's Name <input type="checkbox"/> Date of Birth (yyyy/month/day) Father's Name <input type="checkbox"/> Date of Birth (yyyy/month/day)				
<b>Signature / Designation</b>				<b>Date</b> (yyyy/month/day)
<b>For Laboratory Use Only</b>	Lab Number		Date Received (yyyy/month/day)	Initials
Tubes	Amount	Pellet Size <input type="checkbox"/> not visible <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large		
Appearance of Fluid / CVS  Set Up <input type="checkbox"/> standard <input type="checkbox"/> other _____				
AFP sent to chemistry as per lab policy <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments				
<b>Signature / Designation</b>				<b>Date</b> (yyyy/month/day)

**Constitutional:**

Source: Peripheral/Cord Blood

Specimen Handling:

Newborn - 6 months: 1-2 mL dark green top **Sodium heparin** whole blood for chromosomes/karyotype only. For chromosomes PLUS EITHER Breakage Studies or FISH minimum 2-3 mL required

Children: 3 mL dark green top **Sodium heparin** whole blood for chromosomes only; **5 mL** for Breakage Studies or FISH

Adults: 5-7 mL dark green top **Sodium heparin** whole blood for chromosomes only; **minimum 5 mL** for Breakage Studies or FISH

**NOTE:** Breakage Studies and FISH cannot be processed with less than 2 mL of whole blood.

**Specimen Handling:** **DO NOT** centrifuge or separate specimen; keep at **room temperature**.

PSC: Transport specimen at room temperature immediately to DSC.

RRL: Transport at room temperature immediately to ACH along with completed requisition.

Blood collected outside of regular hours will be stored at room temperature in ACH Chemistry or in DSC Referrals. Samples stored over the weekend in DSC will be forwarded to ACH Cytogenetics Lab on Monday morning.

**Regular hours: Monday - Friday, 0800 - 1615h**

**For urgent in-patient requests, contact the Medical Geneticist on call.**

**Patients may go to any Calgary Lab Services and appointments are not required.**

**Prenatal:**

Source – Amniotic Fluid/ CVS or other prenatal specimens

Specimen Handling – Transport prenatal samples at room temperature without delay with completed requisition for Constitutional Cytogenetic Analysis and FISH Studies (form # 101667) to the ACH Cytogenetics Lab.

**Tissue:**

Source – Fibroblasts (skin biopsy, fresh surgical specimens, fetal tissue, etc.)

Specimen Handling – Collect tissue in a sealed sterile container with transport media or RPMI to keep moist.

- **DO NOT** put tissue in formalin. **DO NOT** freeze.
- Ship fresh specimen to the ACH Cytogenetics Lab along with completed requisition for Constitutional Cytogenetic and FISH Studies (form #101667), and clinical history as soon as possible.
- If sample is taken after normal working hours (**Mon-Fri 0800-1615h**), **store at 4 °C and send the next working day. Appointments are not required.**