

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**

Last Name: _____ First and Additional Names: _____

PHN: _____ Gender: _____ Age in Years: _____

Admitting Physician: _____ Encounter #: _____

Address: Street, City, Province, Postal Code

Telephone Number: _____

Date of Admission: yyyy/mon/dd Family Physician: _____

Collection Date (yyyy/mon/dd)	Collection Site	PHN	Date of Birth (yyyy/mon/dd)
Patient Surname	Given Names	City	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Doctors / Clinic / Hospital to Receive Report *only doctors listed will receive reports			
Gestational Age _____ wks BPD _____ Screen Risk _____	Clinical Indication for Cytogenetic Investigation → Must be given for sample to be processed (please include relevant clinical history, clinical features, pertinent family history and Gravida/Para)		
Specimen Type and Handling: See Reverse* <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			
Required Tests <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.	Additional Information (medications, transfusions)		
If patient is under 18 years, please provide parent's names and birth dates Mother's Name _____ Date of Birth (yyyy/mon/dd) _____ Father's Name _____ Date of Birth (yyyy/mon/dd) _____			
Signature / Designation			Date (yyyy/mon/dd)
For Laboratory Use Only	Lab Number	Date Received (yyyy/mon/dd)	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			
Signature / Designation			Date (yyyy/mon/dd)

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.**