Molecular Cytogenetics
Embryo-fetal/Placental Tissue Requisition
Royal Columbian Hospital
Molecular Cytogenetics Laboratory Rm. B180
330 East Columbia Street, New Westminster, BC, V3L 3W7
Tel: (604) 520-4484 Fax: (604) 520-4149

Laboratory Use Only
Accessioning Number
Received Date

Patient Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Ordering Physician (Name and Billing #)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (DD/MM/YY)</th>
<th>PHN</th>
<th>Additional Reports to: (Name and Billing #)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender: M □ F □</th>
<th>Patient Telephone #</th>
<th>Medical Genetics #: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: All Non-Canadian Residents must submit a signed and witnessed FHA waiver form. Please attach waiver to the lab requisition.
Further Collection and Waiver Form: Molecular Cytogenetics Specimen Collection and Submission

Physician Information

Specimen Submitted

- □ Amnion
- □ Chorion
- □ Villi
- □ Fetus
- Collection Date: ____________________
- □ Other (specify):____________________ |
- □ Burial Papers for Fetus

Clinical History and Indication for Chromosome Analysis

Please Specify: (Note: Failure to provide this information will result in delay or cancellation of testing)

Gravida _____   Para _____   Abortions _____   Loss _____   Gestation (weeks) _______

Ordering Physician Signature (Required)       Date (DD/MM/YY)

Laboratory Use Only

Set Up Details: Comments:

- Amnion: Flasks________
- Chorion: Flasks________
- Villi: Flasks__________
- Skin: Flasks___________
- Other: Flasks__________

Frozen for Microarray:
Yes, Tissue Type____________
No   □

Sent for ID: Yes □ No □

Formalin Added: Yes □ No □

Returned to FHA Pathology:
Yes, Lab:__________________
No   □

Revision Date: January 4, 2023
Effective Date: RCH Molecular Cytogenetics Embryo-fetal/Placental Tissue Requisition MCG4103R