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Cytogenetics Accession Number

Reset Form

MOLECULAR CYTOGENETICS

Peripheral Blood Chromosome Analysis and Fluorescence in situ Hybridization (FISH)

Royal Columbian Hospital
330 E Columbia St.
New Westminster, BC V3L 3W7
Phone (604) 520-4484
Fax (604) 520-4149

Patient name: _____
Last First

Date of Birth: _____ Sex: ☐ M ☐ F
DD/MM/YYYY

PHN: _____

Insurance: MSP _____
Self pay, Out of Prov., WCB, RCMP, Veterans, and Refugee etc.

Ordering Physician: _____
Name MSP number

Medical Genetics #_____

Patient Address: _____ City: _____

Province/State: _____ Country: _____ Postal Code: _____ Phone: _____

Additional copies to: _____ _____ _____
Name & MSP number Name & MSP number Name & MSP number

1. **ALL Patient Demographics must be printed legibly and completed in full.**
2. **Reason for analysis is essential, failure to provide this information may result in a delayed report.**
3. **All Non Canadian Residents must sign a FHA waiver form. The signed and witnessed form must be attached to the requisition when specimen submitted.**
   Molecular Cytogenetics Specimen Collection and Submission

Collection date: _____ Collection time: _____ Collected by: _____
DD/MM/YYYY HH:MM

Reason for Analysis: *(check all that apply)*

☐ Developmental / speech / intellectual delay (*specify*): _____

☐ Seizures (*specify*): _____

☐ Behavioural Abnormalities; including autism (*specify*): _____

☐ Congenital Abnormalities
- ☐ Klinefelter Syndrome
- ☐ Down Syndrome
- ☐ X-linked mental retardation
- ☐ Turner Syndrome

☐ Growth Abnormalities (*specify*)

☐ Specific cranio-facial features / malformations (*specify*): _____

☐ Other (*specify*): _____

☐ Recurrent Spontaneous Abortions / Infertility G: ____ P: ____ A: ____ L: ____ Partner to: _____

Test Requested:

☐ Karyotype ☐ Fluorescence in situ Hybridization (FISH) ☐ Microarray follow up

Physician signature or stamp: _____

LAB USE ONLY:

Date received: _____ Date incubated: _____ Specimen sent to: _____

Specimen Type: Sodium Heparin _____ tubes, volume _____mL EDTA_____ tubes, volume _____mL