



Cytogenetics Accession Number \_\_\_\_\_

**MOLECULAR CYTOGENETICS**

**Prenatal Diagnosis Chromosome Analysis and Fluorescence in situ Hybridization (FISH)**

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

Patient name: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  M  F  
DD/MM/YYYY

PHN: \_\_\_\_\_

Insurance: \_\_\_\_\_  
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](#)

Procuring physician: \_\_\_\_\_ Collection date: \_\_\_\_\_ Collection time: \_\_\_\_\_  
Name & MSP number DD/MM/YYYY HH:MM

G: \_\_\_\_\_ P: \_\_\_\_\_ A: \_\_\_\_\_ L: \_\_\_\_\_ Current GA: \_\_\_\_\_

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

- Advanced Maternal age  $\geq 40$  years
- Advanced Maternal age 35-39 years, no prior screening, singleton  $\geq 21$  weeks gestation
- Advanced Maternal age 35-39 years, no prior screening, multiple gestation
- Positive maternal serum multiple screen (specify): \_\_\_\_\_
- Previous liveborn/stillborn child with a chromosome abnormality (except monosomy X) (specify): \_\_\_\_\_
- Parents with potentially transmissible chromosome rearrangement (specify): \_\_\_\_\_
- Fetal anomaly detected on prenatal ultrasound indicative of a risk of a fetal chromosome abnormality  $\geq 0.5\%$  (specify): \_\_\_\_\_
- Pregnancy following in vitro fertilization w/ intracytoplasmic sperm injection (IVF with ICSI)
- Increase risk of chromosomal breakage syndrome in the fetus
- Follow up after CVS (specify): \_\_\_\_\_

**Test Requested:**  Karyotype  Fluorescence in situ Hybridization (FISH)  
 Culture for DNA biochemical studies only

**Physician signature or stamp:** \_\_\_\_\_

**LAB USE ONLY:**

Date received: \_\_\_\_\_ Date incubated: \_\_\_\_\_

Chromosome Analysis: Tube #1 \_\_\_\_\_mL Tube #2 \_\_\_\_\_mL FISH Analysis: Tube #3 \_\_\_\_\_mL