



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

Last Name _____
Date of Birth (DD/MM/YY) _____
Gender: M F
Patient Address _____

First Name _____
PHN _____
Patient Telephone # _____

Physician Information

Ordering Physician (Name and Billing #) _____
Additional Reports to: (Name and Billing #) _____
Medical Genetics #: _____

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
For collection instructions: Refer To Embryopathology - Fetus and Placenta Under 20 Weeks Gestational Age - Anatomical Pathology AP1010

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)** _____

(Specify indication and/or instructions): _____
 Microarray Analysis (specify indication): _____

Ordering Physician Signature (Required)

Date (DD/MM/YY)

Laboratory Use Only

Set Up Details: _____
Amnion: Flasks _____
Chorion: Flasks _____
Villi: Flasks _____
Skin: Flasks _____
Other: _____
_____: Flasks _____
_____: Flasks _____
_____: Flasks _____

Comments:

Frozen for Microarray:
Yes, Tissue Type _____
No
Sent for ID: Yes No
Formalin Added: Yes No
Returned to FHA Pathology:
Yes, Lab: _____
No