Benefits of providing COMPLETE and LEGIBLE information:
- Reduces turnaround time when processing patient samples
- Promotes patient safety through reduced transcription errors

PATIENT LABEL

Patient identification **MUST** include:
- First and last name
- PHN or other unique identifier
- Date of birth

This information may be on a label or in writing.

Cytogen
Royal University Hospital EH 35
103 Hospital Drive
Saskatoon SK S7N0W8
Phone: 306-655-1706 Fax: 306-655-6462

Cytogenetics Laboratory
2888 Shaganappi Trail,
Calgary, AB Canada T3B6A8
Phone: 403-955-7375 Fax: 403-955-7674

Requisition for Microarray (array CGH) Analysis

Collection Date or Test Request Date (yyyy/mm/dd)	Collection site	PHN	Date of Birth (yyyy/mm/dd)

Patient Surname	Given Names	Sex ☐ Male ☐ Female

Ordering Physician **Copies To:** ***only physicians/clinics/hospitals listed will receive reports**

Please provide physician's **full** name in both fields

Indicate priority

Clinical Information *(must be completed to avoid delays in processing)*

Priority
☐ Routine ☐ STAT

Patient clinical features (check all that apply)

- ☐ Developmental Delay/MR
- ☐ Prenatal growth retardation
- ☐ Postnatal growth anomalies (specify)_____
- ☐ Dysmorphic features (specify) _____
- ☐ Congenital anomalies
  CNS ☐ Heart ☐ Limbs ☐ Renal ☐ Genital ☐ Other ☐
  Specify: _____
- ☐ Neurological issues:
  Seizures ☐ Autism ☐ Hypotonia ☐ Other ☐ Specify: _____
- ☐ Other, please specify: _____

Failure to provide required information may result in delays in service

Relevant family history

_____

_____

Has previous cytogenetic or FISH analysis been conducted on this patient?

YES ☐ NO ☐ UNKNOWN Lab number: _____

Other details:_____

This individual/family is aware of and consents to the test(s) requested.
Signed:

ORDERING PHYSICIAN SIGNATURE

Sample Collection Information for array CGH analysis: Peripher
3 - 5 cc whole blood (*for neonates, 1 - 3 cc is acceptable*) in a Vacutai
to the Cytogenetics Laboratory, Ellis Hall Room 35, RUH. Questions/m

Specimen **will not be sent** for array test if requisition is not signed

For Laboratory use only	Lab number	Date received: (yyyy/mm/dd)	Initials

Specimen comments: Raw data for interpretation to Cytogenetics Laboratory, Saskatoon.