



Cytogenetics Laboratory
Royal University Hospital
 103 Hospital Drive
 Room 5627, 5th Floor, 1955 Building
 Saskatoon SK S7N0W8
 Phone: 306-655-1706 Fax: 306-655-6462

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ordering Physician:	Copies To: *only physicians/clinics/hospitals listed will receive reports		
Clinical Information <i>(must be completed to avoid delays in processing)</i>			Priority <input type="checkbox"/> Routine <input type="checkbox"/> STAT
Patient clinical features (check all that apply) <input type="checkbox"/> Developmental Delay/MR <input type="checkbox"/> Prenatal growth retardation <input type="checkbox"/> Postnatal growth anomalies (specify) _____ <input type="checkbox"/> Dysmorphic features (specify) _____ <input type="checkbox"/> Congenital anomalies CNS <input type="checkbox"/> Heart <input type="checkbox"/> Limbs <input type="checkbox"/> Renal <input type="checkbox"/> Genital <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____ <input type="checkbox"/> Neurological issues: Seizures <input type="checkbox"/> Autism <input type="checkbox"/> Hypotonia <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____ <input type="checkbox"/> Other, please specify: _____			
Relevant family history _____ _____			
Has previous cytogenetic or FISH analysis been conducted on this patient? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> Lab number: _____ Other details: _____			
<i>This individual/family is aware of and consents to the test(s) requested.</i> <p style="text-align: right;">Signed: ORDERING PHYSICIAN SIGNATURE</p>			
Sample Collection Information for array CGH analysis: Peripheral Blood: 1 x EDTA (lavender top) 3 - 5 cc whole blood (for neonates, 1 - 3 cc is acceptable) in a Vacutainer, transported at room temperature to the Cytogenetics Laboratory, Room 5627,1955 Building at RUH. Questions/more reqs: 306-655-1706.			
For Laboratory use only	Lab number	Date received: (yyyy/mm/dd)	Initials
Specimen comments: Raw data for interpretation to Cytogenetics Laboratory, Saskatoon.			