

**When Sending a Cancer Cytogenetics Specimen Call 403-770-3690**

**CANCER CYTOGENETICS - CHROMOSOME & FISH STUDIES**

**ORDERING PHYSICIAN – Apply APL Dr. stamp here:**  
 Full First Name / Last Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

PROVINCE	PERSONAL HEALTH NUMBER (PHN)	REGIONAL HEALTH RECORD NUMBER
_____	_____	_____

PATIENT LAST NAME	FULL FIRST NAME	MIDDLE NAME
_____	_____	_____

PATIENT ADDRESS	CITY, PROVINCE	POSTAL CODE
_____	_____	_____

CHART NUMBER	GENDER	DATE OF BIRTH	PATIENT PHONE NUMBER
_____	_____	____/____/____ Y Y Y Y / M M M / D D	(____) _____ - _____

**COPY TO PRIMARY CARE PHYSICIAN:**

1) Last Name \_\_\_\_\_ Full First Name \_\_\_\_\_ Location \_\_\_\_\_

ADDITIONAL COPIES TO:

2) Last Name \_\_\_\_\_ Full First Name \_\_\_\_\_ Location \_\_\_\_\_

3) Last Name \_\_\_\_\_ Full First Name \_\_\_\_\_ Location \_\_\_\_\_

NURSING UNIT:	FOR CANCER CYTOGENETICS USE ONLY
_____	_____

FILE #:
_____

**Specimen Collection Requirements**

**Blood:** Collect a 4 mL green top sodium heparin tube (orderable : CACYTO)

**Bone Marrow:** Collect 3 mL of bone marrow in a green top sodium heparin tube

**Fluid:** Collect fluid in a sterile collection tube

**Paraffin Block:** Include Surgical accession number and block number \_\_\_\_\_

**Touch Prep:** Include Surgical accession number and tissue label (e.g. A, B or C) \_\_\_\_\_

**Other** \_\_\_\_\_

**NOTE:** For Post Bone Marrow Transplant Specimens, Indicate Sex of Donor:  Male  Female

**Clinical History or Diagnosis**

\_\_\_\_\_

Procedures Requested	For Cancer Cytogenetics Lab Use Only
<input type="checkbox"/> Chromosome Analysis	Vol _____
<input type="checkbox"/> FISH for _____	Count _____
<input type="checkbox"/> Other _____	Cultures Set-Up _____

DATE / TIME SPECIMEN COLLECTED:	SPECIMEN COLLECTED BY:	Cancer Cytogenetics Use Only: DATE / TIME SPECIMEN RECEIVED:	ACCESSION NUMBER
_____	_____	_____	_____