

**CANCER CYTOGENETICS
CHROMOSOME & FISH STUDIES**

Cancer Cytogenetics Laboratory
9, 3535 Research Road NW
Calgary, AB T2L 2K8 Fax: 403-770-3746
When Sending a Cancer Cytogenetics Specimen Call 403-770-3690

Scanning Label or Accession # (lab only)

Patient	PHN		Expiry:		Date of Birth (dd-Mon-yyyy)	
	Legal Last Name		Legal First Name		Middle Name	
	Alternate Identifier	Preferred Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone	
			<input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose			
Provider (s)	Address		City/Town		Prov	
					Postal Code	
	Authorizing Provider Name (last, first, middle)				Copy to Name (last, first, middle)	
	Address		Phone		Address	
	CC Provider ID		CC Submitter ID	Legacy ID	Phone	Phone
Collection	Date (dd-Mon-yyyy)		Time (24 hr)		Location	
					Collector ID	

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 <input type="checkbox"/> FISH for _____ <input type="checkbox"/> Other _____		Vol _____ Count _____ Cultures Set-Up _____	
DATE / TIME SPECIMEN COLLECTED:	SPECIMEN COLLECTED BY:	Cancer Cytogenetics Use Only: DATE / TIME SPECIMEN RECEIVED:	ACCESSION NUMBER