

 Patient label placed here (if applicable) or if labels are not used, minimum information below is required

Name (last, first)

Birthdate (yyyy-Mon-dd)

Gender

PHN #

Address

Genetic Laboratory Services Chromosomal Microarray Requisition

Cytogenetics Laboratory North: University of Alberta Hospital

Cytogenetics Laboratory South: Alberta Children's Hospital

For other cytogenetics or molecular diagnostic genetic testing, please complete the appropriate requisition form www.albertahealthservices.ca/lab/Page8667.aspx

Referring Physician		Copy to	
Name		Name	
Address		Address	
Phone		Phone	
Fax		Fax	
Specimen Type			
Blood <input type="checkbox"/> EDTA (lavender): 3-5 mL (1-3 mL for newborns) AND <input type="checkbox"/> NaHep (green): 3-5 mL (1-3 mL for newborns) Tissue <input type="checkbox"/> Specify tissue type _____		Prenatal Samples <input type="checkbox"/> CVS: 15 mg minimum <input type="checkbox"/> Amniotic: Fluid 25 mL minimum DNA Extracted from _____ (tissue type) DNA quantity: _____ DNA concentration: _____ <input type="checkbox"/> Banked in: <input type="checkbox"/> Edmonton <input type="checkbox"/> Calgary	
Karyotype and previous cytogenetics lab #/ID (required if known) _____			
Primary Indication: Clinical details must be provided on back to ensure timely and accurate reporting			
Prenatal <input type="checkbox"/> Ultrasound anomaly(ies) <input type="checkbox"/> Nuchal translucency greater than or equal to 3.5 mm Is this an on-going pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last menstrual period (yyyy-Mon-dd) _____ Specify gestational age at time of procedure: Weeks _____ Days _____			
Postnatal <input type="checkbox"/> Isolated autism <input type="checkbox"/> Isolated developmental delay <input type="checkbox"/> Developmental delay and additional clinical features <input type="checkbox"/> Congenital anomaly(ies)			
Parental Follow-up Name of Proband _____ Proband lab number _____ Mother's name _____ Father's name _____			
Family History: Please provide relevant family history			
By providing this requisition to the patient/family, the health care provider confirms that they have provided pre-test counselling			
For Laboratory Use Only			
Lab number	Date received (yyyy-Mon-dd)	Initials	Specimen type/comments
Collected by (print name)		Data collected (yyyy-Mon-dd)	
Specimen Drawn			
Date (yyyy-Mon-dd)			Time (hh:mm)
Collector Name			ID #

**Genetic Laboratory Services
Chromosomal Microarray Requisition**

 Cytogenetics Laboratory North: University of Alberta Hospital
 Cytogenetics Laboratory South: Alberta Children's Hospital

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Name (last, first)

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Phenotypic Description Required (check all that apply)
Behaviour and Cognition

- Global developmental delay
- Intellectual disability
 - Mild
 - Moderate
 - Severe
- Speech delay
- Autism spectrum disorder
- Other _____

Neurological

- Hypotonia
- Seizures
- Ataxia
- Spasticity
- Neural tube defect
- Abnormal MRI/CT
- Movement disorder

Specify _____

- Psychiatric Disorders

Specify _____

- Other _____

Growth Parameters

- Failure to thrive
- Weight for age
 - less than 3%
 - greater than 97%
- Stature for age
 - less than 3%
 - greater than 97%
- Head circumference
 - less than 3%
 - greater than 97%
- Hemihypertrophy
- Other _____

Cardiac

- ASD
- VSD
- AV canal defect
- Coarctation of aorta
- Tetralogy of Fallot
- Other _____

Respiratory

- Diaphragmatic hernia
- Lung abnormality
- Other _____

Craniofacial/Dysmorphic features

- Craniosynostosis
- Cleft lip
- Cleft palate
- Other _____

Eye

- Blindness
- Coloboma
- Hypertelorism
- Other _____

Ear

- Deafness
- Structural outer ear anomaly(ies)
- Other _____

Cutaneous

- Hyperpigmentation
- Hypopigmentation
- Other _____

Gastrointestinal

- Esophageal atresia
- Tracheoesophageal fistula
- Gastroschisis
- Omphalocele
- Pyloric stenosis
- Other _____

Musculoskeletal

- Upper limb abnormality
- Lower limb abnormality
- Camptodactyly
- Syndactyly
- Polydactyly
- Contractures
- Scoliosis
- Vertebral anomaly
- Club foot
- Other _____

Genitourinary

- Urinary tract malformation
- Hydronephrosis
- Ambiguous genitalia
- Hypospadias
- Cryptorchidism
- Other _____

Prenatal

- Oligohydramnios
- Polyhydramnios
- IUGR
- Nuchal translucency greater than or equal to 3.5 mm
- Other _____

Other

