





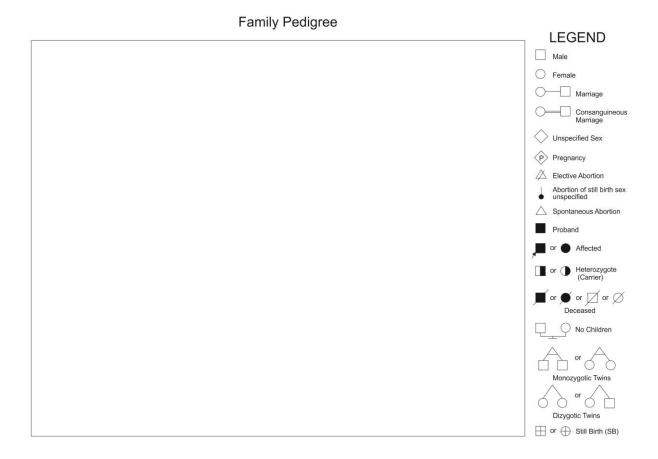


Cytogenetics Request Form

Patient Name Plate Imprint

Cytogenetics reduct 1 of in Tale in Name 1 are implime						
Patient Information						
Name:	□ Male	□ Female Hos	pital:			
Medical record No: □ In patient □ Out patient □ Date of birth: □ D						
Weight: Height: Contact number: Address:						
Diagnosis:						
Referring Physician						
Name: Hospital/Clinic/Polyclinic			clinic: Contact number:			
Specimen Type	Clinical Inf			ormation		
Peripheral Blood (PB) *	For Prenatal			For Oncology		
Bone Marrow (BM)	Gestation age by			Peripheral WBC Cou	ınt:	
Solid Tumor (ST).	LMP			Blasts (%):		
Tissue source	Gestation age by			` '		
Amniotic Fluid (AF)	0,			Chemotherapy:	☐ Yes ☐ No	
☐ Chorionic Villus Sampling (CVS)	ultrasound				Other (Specify)	
Cord Blood (CB)	Maternal					
☐ Product of Conception (POC)	age					
☐ FFPE Slice (10 μmx 3)	GravidaPara			Stage of malignancy: Presentation Remission		
FFPE Slide (4-5 μn)	SAB	Living chi	ldren		Relapse	
* Please provide both Sodium Heparin (green top) & El	OTA (nurnle ton) sn	pecimens			☐ Relapse	
Services Provided						
Clinical in disasters	☐ Hematologica		<u>- </u>	Contromorio pro	be	
Clinical indications	☐ Bone Mari	-		_	ome painting probes.	
☐ Abnormal MSAFP ☐ High ☐ Low	Peripheral					
Abnormality seen on ultrasound	Peripheral Blood			☐ Telomeric probe		
Archigueus genitalia	Product of Conception					
Ambiguous genitalia Amenorrhea	Solid Tumor	пеериоп				
Autism				Oncology/ Hemat		
Congenital anomalies,	FISH Analysis			☐ AML1/ETO 21q	22.12/8q21.3	
Please specify	Screening for numerical aberration of chromosomes			□ BCL6 (3q27.3) □ BCR/ABLtranslocation probe t(9;22)(q34;q11.2) □ CBFB Break Apart 16p13.11/16q22.1		
☐ Developmental delays	(13, 21, 18, X & Y)					
Dysmorphic features	☐ Screening for numerical aberration of chromosomes			c-MYC rearrang		
Family history of Down's syndrome	(18, X & Y)			Her2/neu amplif		
Failure to thrive	Screening for numerical aberration of chromosomes			☐ IgH (14q32.33)	leation	
☐ Intellectual disability	(13,21)				Syndrome 5q-/-5, 7q-/-7	
☐ Mental retardation	☐ Screening for sex chromosomes (X & Y)			☐ PML/RARα 15q2		
Parent carried chromosome rearrangement	Microdeletion Syndromes			☐ TP53 aberrations		
Previous child with chromosome abnormalities	1p36 deletion syndrome				_	
Previous neonatal death	Cri-du-Chat syndrome (5p15.2)			Array CGH Anal		
Recurrent abortion: (First/Second/Third) trimester	DiGeorge / Velocardiofacial syndrome (22q11.2)				ion – Parental Studies	
☐ Short stature	Kallmann syndrome / (STS) (Xp22.3)				Postnatal) Chromosomal	
Other, please specify	Miller-Dieker syndrome (17p13.3)			Microarray	,	
Chromosome Analysis	Prader-Willi / Angelman syndrome (15q11-q13)			☐ Family Screenin	g Chromosomal Microarray	
Amniotic Fluid	Smith-Magenis syndrome (17p11.2)			Consanguinity:	☐ Present ☐ Absent	
Chorionic Villus Sampling	☐ SRY (Yp11.3) ☐ Williams syndrome (7q11.23)			☐ Mom's speci	men	
☐ Chromosomal Breakages	☐ Wolf-Hirschhorn syndrome (4p16.3)			☐ Dad's specin	nen	
Ataxia Telangiectasia				Other, Please	e specify	
☐ Fanconi Anemia	Validation of Conventional Cytogenetic Analysis			_	sorders, Tumor (Fresh or Frozen)	
Fetal or Cord Blood	Arm-specific painting probes			Chromosomal M	Iicroarray	
☐ Fragile X Study	Please specify					
Please, draw the family pedigree on the back of the request form.						
FOR GENATI USE ONLY						
Specimen Condition: Specimen Quantity: Specimen Accepted Comments:						
Receiving date: DD / MM / YYYY Receiving time:	Specimen Rejected Reason for rejection					
Genati Specimen Number: Physician notified?						

GRF-01-CG Please turn over (PTO)



Instructions for Submitting Specimens for Cytogenetic Testing

Each specimen must be accompanied with a complete REQUEST FORM that provides:

- The patient full name, medical record number, date of birth and gender (If forename has not been established for a new-born baby, requisition form must contain surname).
- Specimen type, time/date of specimen collection and test desired.
- Clinical indications, history and therapy (for oncology).
- Referring physicians name and contact number.
- Three generations pedigree should be provided for all patients.
- Specimens will be rejected if clotted, haemolysed, low in volume, labelled improperly, wrong container and improperly stored or transported.
- All specimen for cytogenetic must be delivered as soon as possible. Prior to and during dispatch specimen must be kept at room temperature and must never be frozen. Gently tubes invert tubes several times to avoid clotting of blood and marrow specimen.

Hours of Operation:

Saturday-Thursday, 8:00am-8:00 pm

Late hour and weekend delivery:

Please email/ contact Lab Manager / Lab Director

$Specimen \ Requirements \ for \ CYTOGENETICS \ (Karyotyping/FISH)$

- Amniotic fluid: 30 ml directly in 3 different 15 ml conical sterile plastic tube.
- Blood (Children and Adults): 3-5 ml in Sodium Heparin tube.
- Bone marrow: 2 ml in sodium Heparin tube. (It is important that a first draw, spicule-rich specimen to be collected)
- Chorionic villus sample (CVS): Collect 5–25 mg in 15 ml in sterile conical tube filled with transport medium.
- ❖ Cord blood: 2ml (minimum) in Sodium Heparin tube.
- Lymph Node: 2-3 mm thick center slice or wedge of lymph node or other Lymphomatous tissue in sterile container containing sterile tissue culture media
- Product of conception (POC): Collect specimen into sterile plastic container filled with transport medium or sterile saline.
- Solid tumor: Collect viable and non-necrotic tissue measuring 0.5 cm or 1-5 g in transport medium
- Unstimulated peripheral blood (Leukemic blood): 3-5 ml in Sodium Heparin tube.

Specimen Requirements for Array CGH Analysis:

Blood (Children and Adults): 3-5ml in EDTA tube.

For packaging and shipping instructions, kindly refer to www.royakau.com