PRENATAL GENETICS LABORATORY REQUISITION

DIVISION OF GENOME DIAGNOSTICS
at BC Children's & BC Women's Hospitals Facility Code L1050
4500 Oak Street Vancouver, BC V6H 3N1 www.genebc.ca
Molecular Genetics Tel: 604-875-2852, Fax: 604-875-2707
Cytogenetics Tel: 604-875-2304, Fax: 604-875-3601

DIVISION OF GENOME DIAGNOSTICS USE ONLY

ORDERING PRACTITIONER

ORDERING PRACTITIONER NAME | MSP #

ADDRESS

TELEPHONE | FAX

ALTERNATIVE CONTACT NAME | ALTERNATIVE CONTACT TELEPHONE

COPY TO PRACTITIONER

COPY TO PRACTITIONER NAME / ADDRESS | MSP #

COPY TO PRACTITIONER NAME / ADDRESS | MSP #

COPY TO PRACTITIONER NAME / ADDRESS | MSP #

PATIENT INFORMATION

PERSONAL HEALTH NUMBER | MEDICAL RECORD NUMBER | REFERRING CLINIC ID

LAST NAME OF PATIENT | FIRST NAME OF PATIENT

DOB YYYY MMM DD | SEX ☐M ☐F ☐X | MULTIPLE GESTATION – SELECT ONLY ONE ☐ FETUS A ☐ FETUS B ☐ FETUS C

PARTNER NAME (as applicable) | PARTNER PHN (as applicable)

PREGNANCY INFORMATION

GESTATIONAL AGE AT SAMPLE COLLECTION weeks days by ☐ U/S ☐ IVF | EDD YYYY MMM DD

FETAL SEX (if known) ☐ M ☐ F ☐ Unknown ☐ Ambiguous | ASSISTED REPRODUCTION ☐ DONOR EGG

TA PLANNED? ☐ YES ☐ NO | IF YES, RAPID RESULT REQUIRED FOR CLINICAL MANAGEMENT? ☐ YES (requires Laboratory Geneticist approval)

REASON FOR TESTING

☐ NIPS (attach report)
☐ IPS/SIPS/Quad/FTS
☐ T21 ☐ T18 ☐ T13 ☐ Other (specify below)
☐ Maternal age (as per Perinatal Services BC)
☐ Family History (specify below)
☐ Fetal structural anomaly (specify below)
☐ Other (specify below)

SAMPLE INFORMATION

☐ CVS 20 mg ☐ Fetal Blood 2 mL
☐ Amniotic Fluid 25 mL
☐ Other: _____ Path#: _____

PRENATAL FETAL GENETIC TEST(S)

For orders other than RAD & CMA, fax the completed requisition to 604-875-2707 at the time of procedure scheduling

☐ Prenatal RAD Analysis

Restricted Ordering:
☐ Prenatal CMA Chromosome Analysis
☐ Prenatal Out of Province/Country Genetic Test (specify below)
☐ Achondroplasia Prenatal Test
☐ Alpha Thalassemia Prenatal Test
☐ Beta Thalassemia Prenatal Test
☐ Cystic Fibrosis Prenatal Test
☐ Dystrophinopathies Prenatal Test
☐ FMR1 Related Disorders Prenatal Test
☐ Hemoglobin S/E/C Prenatal Test
☐ Hypochondroplasia Prenatal Test
☐ Myotonic Dystrophy Type 1 Prenatal Test
☐ Spinal Muscular Atrophy Prenatal Test
☐ Thanatophoric Dysplasia Prenatal Test
☐ X-linked Ichthyosis Prenatal Test

Restricted Ordering:
☐ 5-Alpha-Reductase Deficiency Prenatal Test
☐ AIS Prenatal Test
☐ AS Methylation Prenatal Test
☐ Brugada Syndrome Prenatal Test
☐ CADASIL Prenatal Test
☐ CAPS Prenatal Test
☐ CMT1A Prenatal Test
☐ Dystonia Early Onset Prenatal Test
☐ Familial Mediterranean Fever Prenatal Test
☐ Friedreich Ataxia Prenatal Test
☐ HIDS Prenatal Test
☐ HNPP Prenatal Test
☐ Huntington Disease Prenatal Test
☐ HyperPP Prenatal Test
☐ HypoPP Prenatal Test
☐ Long QT Syndrome Prenatal Test
☐ Muenke Syndrome Prenatal Test

Restricted Ordering:
☐ Myotonic Dystrophy Type 2 Prenatal Test
☐ OPMD Prenatal Test
☐ Prenatal Karyotype Chromosome Analysis
☐ Prenatal Targeted Chromosome Analysis
☐ PWS Methylation Prenatal Test
☐ SBMA Prenatal Test
☐ Sensorineural Hearing Loss Prenatal Test
☐ Spinocerebellar Ataxia Prenatal Panel
☐ Transthyretin Amyloidosis Prenatal Test
☐ TRAPS Prenatal Test
☐ Uniparental Disomy UPD6 Prenatal test
☐ Uniparental Disomy UPD7 Prenatal test
☐ Uniparental Disomy UPD14 Prenatal test
☐ Uniparental Disomy UPD15 Prenatal test

☐ Transfer Sample for 7-dehydrocholesterol

ADDITIONAL CLINICAL FEATURES (CHECK ALL THAT APPLY)

Abdomen/Chest/Lung/Gastrointestinal
☐ CPAM
☐ Diaphragmatic hernia
☐ Dilated loops / Echogenic bowel
☐ Duodenal atresia / stenosis
☐ Gastroschisis
☐ Meconium peritonitis
☐ Omphalocele

Cardiac
☐ Congenital heart defect (specify below)

Craniofacial
☐ Cleft lip
☐ Cleft palate

Genital/Urinary/Renal (specify anomaly)
☐ Genital anomaly
☐ Lower urinary tract anomaly
☐ Renal anomaly

Lymphatic/Effusion
☐ Ascites
☐ Cystic hygroma
☐ Edema, subcutaneous
☐ Hydrops
☐ Nuchal translucency increased size (mm): _____
☐ Pericardial effusion
☐ Pleural effusion

Musculoskeletal
☐ Club foot
☐ Limb anomaly (specify below)
☐ Short long bones

Neurological
☐ Brain structural anomaly (specify below)
☐ Neural tube defect (specify below)
☐ Ventriculomegaly

Other
☐ Intrauterine growth restriction (IUGR)
☐ Oligohydramnios
☐ Polyhydramnios

Specify any other features below

OTHER RELEVANT INFORMATION

SCHEDULED COLLECTION DATE	COLLECTION SITE	SIGNATURE OF PRACTITIONER	DATE SIGNED

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