

# REQUISITION – Prenatal and Perinatal Microarray



**Hamilton Regional  
Laboratory Medicine  
Program**

**Juravinski Hospital**

Clinical Genetics Laboratory - Room H2-19A  
711 Concession Street, Hamilton, ON L8V 1C3  
Phone: (905) 521-2100 x73707  
Email: [geneticsmailbox@hhsc.ca](mailto:geneticsmailbox@hhsc.ca)

**Patient Information**

\*Name (print):  
*Surname, First Name*  
\*DOB (DD/MM/YYYY):  
\*Sex:  M  F  Other

\*Health Card No.:

*\*Mandatory Information. Specimen cannot be processed without this data.*

**Note: Specimen collection is NOT completed at this lab. Please proceed to any community lab for blood draw.**

**Reports To:**

\*Ordering Physician: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_  
\*Email: \_\_\_\_\_  
\*Authorized Signature: \_\_\_\_\_

**Additional Copies To:**

\*Name: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*Phone: \_\_\_\_\_  
\*Fax: \_\_\_\_\_  
\*Email: \_\_\_\_\_

Please see the HRLMP Laboratory Test Information Guide (LTIG) for complete sample requirements and test information:

<https://ltig.hrlmp.ca/>

**SPECIMEN INFORMATION:** Transport at room temperature to the above address.

Amniotic fluid (15-20 cc)     Chorionic villi sample (>10 mg)     Other: \_\_\_\_\_

Perinatal tissue (products of conception, umbilical cord, fetal skin) \* **placental tissue is NOT accepted**

\* A maternal peripheral blood sample must be submitted with all samples for Maternal Cell Contamination (MCC) Studies. Please use the Cytogenetic (other than cancer) Requisition for MCC samples.

**Please Note:** Prenatal microarrays are assessed at a lower resolution than postnatal arrays, contact the laboratory directly at [geneticsmailbox@hhsc.ca](mailto:geneticsmailbox@hhsc.ca) if a higher resolution analysis is required.

**Collection Date (DD/MM/YYYY):** \_\_\_\_\_

**Collection Time:** \_\_\_\_\_

**Testing Priority:**

Routine     Urgent

**Is a pregnancy at risk?**

No     Yes, GA: \_\_\_\_\_ wks

**CLINICAL INFORMATION:** Please check all that apply.

**Perinatal History:**

- IUGR
- Oligohydramnios
- Polyhydramnios
- Increased nuchal translucency (includes cystic hygroma)
- 2 vessel cord
- Other: \_\_\_\_\_

**Neurological:**

- Neural tube defect (myelomeningocele)
- Agenesis of the corpus callosum
- Dandy Walker (posterior fossa abnormality)
- Ventriculomegaly/ hydrocephaly
- Decreased fetal movement
- Abnormal gyri (lissencephaly)
- Structural brain anomaly
- Cerebellar hypoplasia
- Other: \_\_\_\_\_

**Craniofacial:**

- Cleft lip
- Cleft palate
- Hyper/hypotelorism
- Absent nasal bone
- Macrocephaly
- Microcephaly

**Cardiac:**

- Atrial/Ventricular Septal Defect (ASD/VSD)
- Atrioventricular Canal Defect
- Coarctation of the aorta
- Hypoplastic heart (left/right)
- Tetralogy of Fallot
- Echogenic intracardiac focus
- Dextrocardia or situs inversus
- Double outlet right ventricle
- Transposition of the great vessels
- Truncus arteriosus
- Pulmonary valve atresia
- Aortic atresia
- Ebstein anomaly
- Other: \_\_\_\_\_

**Gastrointestinal:**

- Gastroschisis/ Omphalocele
- Absent/ small stomach
- Echogenic bowel
- Other: \_\_\_\_\_

**Thorax:**

- Congenital pulmonary adenomatoid malformation (CPAM)
- Diaphragmatic hernia
- Pleural effusion
- Other: \_\_\_\_\_

**Musculoskeletal:**

- Contractures (arthrogryposis)
- Club foot
- Polydactyly
- Syndactyly
- Clenched hands
- Micromelia
- Other limb/digit anomaly  
Specify: \_\_\_\_\_
- Scoliosis
- Vertebral anomaly  
Specify: \_\_\_\_\_
- Other: \_\_\_\_\_

**Genitourinary:**

- Ambiguous genitalia
- Hydronephrosis
- Renal agenesis (unilateral/ bilateral)
- Polycystic kidneys
- Lower urinary tract obstruction
- Other: \_\_\_\_\_

**Family History:**

- Parents with ≥ 3 miscarriages
- Other relatives with similar clinical history  
Explain: \_\_\_\_\_

**Other Relevant Clinical Findings:** \_\_\_\_\_

**Known Consanguinity:** (Y/N), specify \_\_\_\_\_ **Isolated population ancestry** (Y/N), specify \_\_\_\_\_ **Homozygosity Information NOT Requested** [ ]\*

\*This assay can detect regions of homozygosity suggestive of consanguinity. Only use this box if this information is NOT requested.

**LAB USE ONLY**

Tech: \_\_\_\_\_

Lab No: \_\_\_\_\_

Received: \_\_\_\_\_

Specimen Comments: \_\_\_\_\_