Genetics Diagnostic Laboratory Microarray and Microarray Follow-Up Testing Requisition

Blood Work Instructions For Non-CHEO Patients:
Bring requisition to local community lab for blood collection

Sample to be shipped to:
Genetics Diagnostics Laboratory
401 Smyth Road, Rm W3401
Ottawa, ON, K1H 8L1
Tel: (613) 738-3230
Fax: (613) 738-4814
Website: www.cheo.on.ca/GDL

Patient Name: _____
Last First Initial

Health Card Number: _____

DOB (yy/mm/dd): _____

Address: _____

Telephone: _____

Legal Sex: ☐ Male ☐ Female ☐ Unknown

Optional - Sex assigned at birth: ☐ Male ☐ Female ☐ Unknown ☐ Uncertain ☐ Not recorded

For Lab Use Only – See collection instructions under "Test(s) Requested"

Collection Date:_____ Collection Centre:_____ Collected By:_____

Billing (Non-OHIP / Institutional Only- *Attach Ministry of Health or IFHP approval documentation)

☐ Ministry of Health Approved (e.g. RAMQ)*
☐ Ministry of Health Pending Approval
☐ IFHP Approved*
☐ Non-insured (i.e. self-pay)

☐ Institutional Billing (complete details below)
Institution Name:
City: Province: Postal Code:
Tel: Fax:

Authorizing Health Care Provider(s) - Valid fax number required for all providers

Provider Name:
Registration #:
Address:
Telephone: Fax:

COPY TO Name:
Registration #:
Address:
Telephone: Fax:

Test(s) Requested For more information on tests, see www.cheo.on.ca/GDL

☐ **Follow-up of microarray results by FISH** –
NaHep (green top) tubes: 10 mL for children and adults; 3 mL for newborns
☐ **Proband** – attach copy of microarray report
☐ **Family member** – attach copy of proband's microarray report and indicate relationship to proband: _____

☐ **Follow-up of microarray results by QPCR** –
EDTA (purple top) tubes: 10 mL for children and adults; 3 mL for newborns
☐ **Proband –** attach copy of microarray report
☐ **Family member** – attach copy of proband's microarray report and indicate relationship to proband: _____

Privacy statement: By ordering **"Follow-up microarray results" for a "Family member"**, I attest that my patient/patient's guardian has obtained express consent or I have obtained express consent from their family member/proband for CHEO to use the family member's/proband's report and biological relationship for the purpose of genetic testing and evaluation(e.g. variant is maternally inherited). Consent cannot be withdrawn once the report is complete. No identifiers of the patient will be included in the proband's report, other than the biological relationship. The patient will receive their own report.

☐ **Microarray** –EDTA (purple top) tubes: 10 mL for children and adults; 3 mL for newborns. **Must fill in phenotypic information.**
OPTIONAL Patient Consent when ordering "**Microarray":** By checking the box below, the patient/patient's guardian authorizes CHEO to use their results to guide testing and/or interpretation for relatives within CHEO's Genetics Diagnostic Lab. Consent can be changed at any time by contacting the lab.
☐ Patient consents to sharing results with family members

Phenotypic Information – MICROARRAY TESTING ONLY; phenotypic information is required for result interpretation

Neurological
☐ Developmental delay
☐ Learning/Intellectual disability
☐ Autism spectrum disorder
☐ Macrocephaly
☐ Microcephaly
☐ Cortical malformation
☐ Seizures

Craniofacial
☐ Dysmorphic features
☐ Craniosynostosis
☐ Structural eye anomaly/visual disability
☐ Choanal atresia/other nasal anomaly
☐ Cleft lip and/or palate
☐ Mandibular anomaly
☐ Structural ear anomaly/deafness

Musculoskeletal
☐ Oligodactyly/Polydactyly/Syndactyly
☐ Pectus excavatum or carinatum ☐ Rib anomaly
☐ Vertebral anomaly ☐ Scoliosis

Gastrointestinal
☐ EA/Tracheoesophageal fistula ☐ Malrotation
☐ Diaphragmatic hernia ☐ Intestinal atresia

Other/details:

Growth
☐ Intrauterine growth retardation
☐ Failure to thrive
☐ Short stature
☐ Overgrowth

Genitourinary
☐ Hydronephrosis
☐ Structural renal anomaly
☐ Uterine anomaly
☐ Hypospadias

Gene(s)/Region(s)/Chromosome(s) of interest:_____

Known/suspected consanguinity or identity by descent (e.g. from genetically isolated community); specify:_____