Restricted, Sensitive (Normal)

Reg No 198904227G

KK Women's and Children's Hospital
SingHealth

Ward/Bed: _____ Clinic: _____ Class: _____

CYTOGENETICS

Patient's Name Label

For Downtime Use:
Name:
MRN:
Account Number:
Date of Birth:
Sex: M / F (Circle One)

Gestational Age for Prenatal Samples: _____ weeks

Laboratory Barcode

Clinical Indications for test.

For Laboratory Use Only

Relevant History/Findings/Treatment

Name & Signature of Requesting Doctor
Contact No *(indicate if urgent)*
Name of Consultant I/C
Date

Type of Specimen
Please specify:

Date & Time Specimen Taken
Date _____ Time _____am / pm

Please (tick) appropriate boxes below

CHROMOSOME ANALYSIS

CY0170	☐	Peripheral Blood*
CY0010	☐	Amniotic Fluid*
CY0050	☐	Chorionic Villi*
CY0103	☐	Fetal Blood (Cordocentesis)*
CY0171	☐	Product of Conception (POC)*
CY0171	☐	Skin Biopsy*
CY0020	☐	Bone Marrow
CY0020	☐	Leukemic Blood
CY0024	☐	Lymph Node
CY0023	☐	Solid Cancer Tissue / Tumour
CY0026	☐	Cell Line / Stem Cell

CHROMOSOME MICROARRAY ANALYSIS

CY0300	☐	Prenatal SNP Array with Limited Karyotype*#
CY0301	☐	Prenatal SNP Array#
CY0302	☐	CytoScan 750K Array (Further study for Prenatal Array)^
CY0302	☐	CytoScan 750K Array (Product of Conception)^
CY0303	☐	Molecular Inversion Probe Array
CY0303X	☐	Molecular Inversion Probe Array with DNA Extraction
DNA120	☐	Chromosome Microarray Analysis^ (Refer to Page 2)

SPECIAL STUDIES

CY0200	☐	Tissue Culture
CY0201	☐	Skin Fibroblast Culture

FISH - NEUROBLASTOMA

CY0214	☐	NMYC (2p24.1) Dual Colour
CY0213	☐	Neuroblastoma Panel (3 probes) MYCN/1p/11q

FISH – NEUROBLASTOMA on paraffin sections

CY0215	☐	NMYC (2p24.1) Dual Colour
CY0218	☐	Neuroblastoma Panel (3 probes) MYCN/1p/11q

FISH for TUMOUR on paraffin sections

CY0219	☐	HER2 (ERBB2) DNA Probe †
CY0215	☐	Others, please contact lab

FISH – WITH CHROMOSOME ANALYSIS *

CY0101	☐	DiGeorge Region Probe (TUPLE1/HIRA)
CY0101	☐	Williams Region Probe (ELN)
CY0101	☐	PWS/AS Region Probe (SNRPN)
CY0101	☐	Wolf Hirschhorn Region Probe (WHS)
CY0101	☐	Cri du Chat Region Probe (EGR1)
CY0101	☐	22q13 Deletion Probe (ARSA)
CY0101	☐	13q14 Patau Region Probe (RB1)
CY0101	☐	21q22.13-q22.2 Down Region Probe (D21S342)
CY0101	☐	Centromeric 18 Probe
CY0101	☐	Centromeric X and Y Probe (CEP X,Y)
CY0101	☐	SRY Probe

FISH – (METAPHASE) ADD-ON *

CY0211	☐	DiGeorge Region Probe (TUPLE1/HIRA)
CY0211	☐	Williams Region Probe (ELN)
CY0211	☐	PWS/AS Region Probe (SNRPN)
CY0211	☐	Wolf Hirschhorn Region Probe (WHS)
CY0211	☐	Cri du Chat Region Probe (EGR1)
CY0211	☐	22q13 Deletion Probe (ARSA)
CY0211	☐	13q14 Patau Region Probe (RB1)
CY0211	☐	21q22.13-q22.2 Down Region Probe (D21S342)
CY0211	☐	Centromeric 18 Probe
CY0211	☐	Centromeric X and Y Probe (CEP X,Y)
CY0211	☐	SRY Probe
CY0211	☐	Others / customized probe, please contact lab

FISH – (INTERPHASE DIRECT)

CY0210	☐	Trisomy 13 (RB1)*
CY0210	☐	Trisomy 21 (D21S342)*
CY0210	☐	Trisomy 18 (CEP 18)*
CY0210	☐	Centromeric X and Y Probe (CEP X, Y)*
CY0216	☐	Aneuploidy Panel (Trisomy 13, 18, 21, X and Y)*
CY0217	☐	Aneuploidy Panel (Trisomy 13, 18, 21, X and Y) on Paraffin*
CY0210	☐	Others, please contact lab

† For HER2 test, please indicate the following:

IHC result: [ ] 0 [ ] 1+ [ ] 2+ [ ] 3+

Cold ischaemia timing: _____

Fixation timing: _____

Was specimen fixed in 10% neutral buffered formalin? [ ] Yes [ ] No

* Consent form: "Karyotyping/ Fluorescence In Situ Hybridisation (FISH) For Constitutional Genetic Testing" (85060-FM-MB-103)
# Consent form: "Prenatal Chromosome Microarray Analysis" (85060-FM-MB-104)
^ Consent form: "Constitutional Genetic Testing (General Genetics)" (85060-FM-MB-101)
Please send specimens to Cytogenetics Laboratory, Basement 1, Children's Tower. For enquiries, please call 6394-1392.

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DNA120: Chromosome Microarray Analysis
(180K High Resolution Copy Number)

Clinical indications: Please list all the clinical features the patient is known to have

Family History
[ ] Parents consanguineous
[ ] Parents with ≥ 2 miscarriages
[ ] Other relatives with similar clinical history
Explain: _____
_____
_____

Perinatal History
[ ] IUGR
[ ] Non-immune hydrops fetalis
[ ] Oligohydramnios
[ ] Polyhydramnios
[ ] Prematurity
[ ] Other: _____

Developmental
[ ] Fine motor delay
[ ] Gross motor delay
[ ] Speech delay
[ ] Other: _____

Cognitive
[ ] Intellectual disability/MR
List IQ, if known:_____
[ ] Learning disability
[ ] Other: _____

Behavioural/Psychiatric
[ ] Attention deficit hyperactivity disorder
[ ] Autism spectrum disorder
[ ] Other behavioural/ psychiatric abnormality
Specify: _____

Karyotype:
[ ] Not done
[ ] Normal: 46,XX / 46,XY
[ ] Other:_____

Hearing/Vision
[ ] Abnormality of Vision
Specify: _____
[ ] Abnormality of Eye Movement
Specify: _____
[ ] Hearing loss
Specify: _____
[ ] Other: _____
_____

Growth
[ ] Failure to thrive
[ ] Overgrowth
[ ] Short stature
[ ] Other: _____

Cardiac
[ ] Atrial septal defect
[ ] Coarctation of the aorta
[ ] Tetralogy of Fallot
[ ] Ventricular septal defect
[ ] Other: _____

Craniofacial
[ ] Cleft lip
[ ] Cleft palate
[ ] Coloboma of eye
[ ] Craniosynotosis
[ ] Dysmorphic facial features
Specify: _____
[ ] Ear malformation
Specify: _____
[ ] Macrocephaly
[ ] Microcephaly
[ ] Other: _____

Cutaneous
[ ] Hyperpigmentation
[ ] Hypopigmentation
[ ] Other: _____

Gastroinstestinal
[ ] Anal atresia/imperforate anus
[ ] Gastroschisis
[ ] Omphalocele
[ ] Pyloric stenosis
[ ] Tracheoesophageal fistula
[ ] Other: _____

Genitourinary
[ ] Ambiguous genitalia
[ ] Cryptorchidism
[ ] Hydronephrosis
[ ] Hypospadias
[ ] Kidney malformation
Specify: _____
[ ] Other: _____

Musculoskeletal
[ ] Club foot
[ ] Contractures
[ ] Diaphragmatic hernia
[ ] Limb anomaly
Specify: _____
[ ] Polydactyly
Specify: _____
[ ] Syndactyly
Specify: _____
[ ] Vertebral anomaly
Specify: _____
[ ] Other: _____

Neurological
[ ] Cerebral palsy
[ ] Encephalopathy
[ ] Hypertonia/ spasticity
[ ] Hypotonia
[ ] Seizures
[ ] Structural brain anomaly
Specify: _____
[ ] Other:_____