GOVERNMENT OF DUBAI

DUBAI HEALTH AUTHORITY

Department of Pathology & Genetics
Genetics Centre
Molecular Cytogenetics Unit
Cytogenetics Request Form

Patient Name: Patient ID:

Age: Nationality:

Sex: Date of sample collection:

Hospital: For PND : Gestational age……weeks

Test required:

- ❑ Chromosome analysis - Karyotyping
- ❑ Molecular Cytogenetics Study (FISH)
- ❑ Other

Constitutional chromosomal anomaly (check one) :

- ❑ Dysmorphic features
- ❑ Multiple Congenital Anomalies
- ❑ Mental Retardation
- ❑ Development Delay
- ❑ Down Syndrome
- ❑ Trisomy 13
- ❑ Trisomy 18
- ❑ Turner Syndrome
- ❑ Klinefelter Syndrome
- ❑ Ambiguous genitalia
- ❑ Amenorrhea
- ❑ Short stature
- ❑ ≥ 3 pregnancy losses
- ❑ Infertility
- ❑ Microdeletion syndrome … Specify…..
  ……
- ❑ Other

Tissue sample:

- ❑ Blood / Skin
- ❑ Bone Marrow
- ❑ Products of conception (POC)
- ❑ PND – AF/CVS/cord blood

Cancer Cytogenetics (check one) :

- ❑ Lymphoma----specify:…….
- ❑ Leukemia----- specify:…….
- ❑ Tumour ----specify:……
- ❑ Bone marrow transplant (pre/post)
  Sex of donor: Male / Female
- ❑ Breast cancer – Her2/neu by FISH

Prenatal diagnosis (PND):

- ❑ Amniotic Fluid (AF) - Karyotype
- ❑ Chrion villi sample (CVS) - Karyotype
- ❑ Cord blood - Karyotype
- ❑ Rapid aneuploidy detection (FISH + Karyotype)

Y microdeletion (PCR + Karyotype) :

- ❑ Male infertility
- ❑ Azoospermia/Oligospermia/Other

Microarray:

- ❑ Microarray (suspected genomic inbalance)

Reason for referral:

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*__Blood:__ 3-5 ml in lithium heparin green cap vacutainer. Samples will be recieved **only on Sunday, Monday & Thursday before 1.00 p.m.** (Working days from Sunday to Thursdays "07:00-14:00").
*__Bone marrow:__ 2-3 ml in lithium heparin green cap vacutainer (glass tube only). Samples recieved on all working days **except Thursdays**. Please contact the lab before sending the sample.
Prenatal diagnosis samples:** AF and CVS to be collected in sterile universal conatiner (can be obtained from us). Samples recieved on all working days. Please contact the lab before sending the sample.List of available tests, test reference and pricing at the back of the page. ***For microarray please contact the lab before ordering.

Physician name: *Contact Phone no:*

Requested Date: *Fax no.:*

Report to be sent to: *Signature & Stamp:*

e-mail address:

Genetics Center

***Cytogenetics Unit, Tel: +971-4-2193454/9, Toll Free: 800GENE (4363), Fax: +971-4-3113247, P.O.Box:9115, Dubai, U.A.E,** e-mail: skmurthy@dha.gov.ae*