

PERINATAL LOSS REQUISITION

DIVISION OF GENOME DIAGNOSTICS

at BC Children's & BC Women's Hospitals Facility Code L1050
2J40 - 4500 Oak Street Vancouver, BC V6H 3N1

Molecular Genetics Tel: 604-875-2852, Fax: 604-875-2707

Cytogenetics Tel: 604-875-2304, Fax: 604-875-3601

www.genebc.ca

SUNQUEST LABEL ONLY

DIVISION OF
GENOME DIAGNOSTICS
LABEL ONLY

BILLING (REQUIRED): Eligible for BC MSP billing? Yes No, bill to: Patient Out of Province Other _____ completed billing form **required** (see [website](http://www.genebc.ca)).

PATIENT				ORDERING PHYSICIAN		
PHN NUMBER	REFERRING HOSPITAL ID			SURNAME	FIRST NAME	MSP #
SURNAME		FIRST AND MIDDLE NAMES		ADDRESS		
DOB	YYYY	MM	DD	SEX	TELEPHONE	FAX
				<input type="checkbox"/> M <input type="checkbox"/> F		
ADDRESS		TELEPHONE NUMBER		Contact Person	Phone	

SPECIMEN			COPY TO PHYSICIAN		
<input type="checkbox"/> Amnion	Chorion	Date Collected (DD/MMM/YY) _____	NAME / ADDRESS	MSP#	
<input type="checkbox"/> Fetal Tissue (specify) _____		Site of Collection _____	NAME / ADDRESS	MSP#	
<input type="checkbox"/> Other (specify) _____		Specimen ID _____			

ADDITIONAL PATIENT INFORMATION		
GA: _____ weeks _____ days	Multiple Gestation <input type="checkbox"/> Fetus A <input type="checkbox"/> Fetus B <input type="checkbox"/> Fetus C	Reproductive History G: _____ T: _____ P: _____ A: _____ L: _____

REASON FOR REFERRAL REQUIRED
Choose all that apply; analysis will not be performed unless appropriate history is provided.

Infertility (or risk of); including two or more spontaneous abortions, assisted reproduction, or nulliparous and maternal age ≥ 35 years

Family history of a chromosomal rearrangement (specify details below)

Specify _____

Intrauterine fetal demise or stillbirth:

Male Female Unknown

Pregnancy loss or termination in the presence of (specify details below):

Embryonic anomalies Fetal anomalies Molar pregnancy Positive perinatal screen and amniocentesis declined

Specify _____

ORDERING PHYSICIAN SIGNATURE REQUIRED	DATE SIGNED (DD/MMM/YY)
_____	_____

DIVISION OF GENOME DIAGNOSTICS USE ONLY