

SPECIMEN INFORMATION

*Collection date _____ Institution _____ Phlebotomist _____
 Peripheral Blood Cord Blood from (Circle) Liveborn / Stillborn/Demise/Ongoing Pregnancy DNA Tissue Other _____

PATIENT INFORMATION

Name (Last, First): _____

DOB: ____/____/____ Medical Record Number: _____

Address: _____ Phone: _____

City, State, Zip: _____ SS #: ____/____/____

Sex: Male Female Ambiguous Unknown **Pregnant:** Yes / No Gestational age: _____

Ethnicity: Caucasian (N. and S. European) Ashkenazi Jewish Hispanic Asian Afr. American Other: _____

REFERRING PHYSICIAN

Name _____ Phone: _____ Fax: _____

Name & Phone of person completing requisition: _____ Informed consent obtained (if appropriate)

BILLING INFORMATION

Bill: * Insurance Referring Institution Check enclosed for \$ _____

* If Insurance will be billed, please attach a copy of current insurance card (front and back), which should include:
 Patient Name, Insurance Provider address & phone #, Policy #, Group #, Relationship to Patient

TEST INDICATION

ICD9 CODES (Required): _____

CYTOGENETICS TESTS

(5mL in green top Sodium-Heparin Tube)

- CHROMOSOME ANALYSIS, HIGH RESOLUTION
 (also known as karyotype or cytogenetics)
 - With five-cell, lower resolution preliminary result called within 48-72 hours
 (extra charge, done for newborns only)
 - With extra 10 counts for sex-chromosome mosaicism
 (used with Q. 45,X or Q. 47,XXY)
- FISH with selected probe(s)
 Probe: _____
- Other _____

MOLECULAR TESTS

(5mL in purple top EDTA Tube)

- Hearing Loss Panel
 - Aminoglycoside Induced Deafness
 - Connexin 26 (sequencing)
 - Connexin 30 (deletion testing)
- Thrombophilia Panel
 - Factor V Leiden Mutation
 - Reflex to Factor V HR2 if Needed
 - Prothrombin Mutation Analysis
 - MTHFR C677T Mutation Analysis
- Hereditary Hemochromatosis
- Uniparental Disomy, Chrom # _____
- Y Deletion for Male Infertility
- Zygosity
- Cystic Fibrosis Carrier Screen
 (41 Mutations)
- DNA Extract/Store
- Other _____

COMBINED PANELS

(5mL in purple top EDTA & 5 mL in green top)

- Fragile X Syndrome Analysis
 (Both tests done unless otherwise specified)
 - Molecular Analysis ONLY
 - Chromosome Analysis ONLY
- Prader-Willi Syndrome Analysis
 (Both tests done unless otherwise specified)
 - Methylation Analysis ONLY
 - Chromosome Analysis + FISH ONLY
- Angelman Syndrome Analysis
 (Both tests done unless otherwise specified)
 - Methylation Analysis ONLY
 - Chromosome Analysis + FISH ONLY