

SPECIMEN INFORMATION

Peripheral Blood Cord Blood from liveborn Other _____
 DNA Cord Blood from stillborn/demise
 Tissue _____ Cord Blood from ongoing pregnancy

*Collection date _____
 Phlebotomist _____
 Institution _____

PATIENT INFORMATION

Name (Last, First): _____
 DOB: ____/____/____ Medical Record Number: _____
 Sex: Male Female Ambiguous Unknown **Pregnant:** Yes / No Gestational age: _____
Ethnicity: Caucasian (N. and S. European) Ashkenazi Jewish Hispanic Asian Afr. American Other: _____
 Address: _____ Phone: _____
 City, State, Zip: _____ SS #: ____/____/____

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
 (Check at least one)

- Amenorrhea (primary or secondary 626.0)
- Ambiguous genitalia
- Autism
- Behavior Abnormalities
- Cleft lip and/or palate
- Deep vein thrombosis
- Developmental delay
- Dysmorphic Features (list below)
- Failure to thrive
- Family hx of chromosome abnormality
- Family hx of clotting disorder
- Family hx of mental retardation
- Hearing loss
- Heart Defect (list type below)
- Hypotonia
- Infertility
- Iron storage disorder
- Mental retardation
- Mult. Congenital Anomalies (list below)
- Pulmonary embolism
- Recurrent pregnancy loss
- Seizures
- Short stature
- Stroke
- Other _____

CYTOGENETIC TESTS
 (Green top tube-Sodium Heparin)

- 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)**
 - 1p Deletion Syndrome
 - Angelman Syndrome
 - Cri-du-Chat Syndrome
 - DiGeorge/VCF Syndrome
 - Miller-Dieker Syndrome
 - Prader-Willi Syndrome
 - Retinoblastoma
 - Rubinstein-Taybi Syndrome
 - Prader-Willi Syndrome
 - Smith-Magenis Syndrome
 - Sotos Syndrome
 - STS(X-linked Ichthyosis)
 - Williams Syndrome
 - Other Probe _____
- FISH with all SUBTELOMERE PROBES**
- Other _____

MOLECULAR TESTS
 (Purple Top tube—EDTA)

- Aminoglycoside-induced Deafness
- Connexin 26 (sequencing)
- Cystic Fibrosis (41 mutations) (need ethnicity)
 - Patient/Couple is pregnant
 - Family history of CF
- DNA Extract & Store (specify indication)
- Factor V Leiden Mutation (ICD9=286.3)
- Factor V HR2 Mutation (ICD9=286.3)
- Familial Colon Cancer
 (FAP, Ashkenazi I1307K mut.)
- Fragile X Syndrome
 (chromosome analysis required - order under Cytogenetic Tests)
- Hereditary Hemochromatosis
- Methylation - Chr. 15
 - Angelman Syndrome
 - Prader-Willi Syndrome
- MTHFR (ICD9=286.3)
- Prothrombin 20210 (ICD9=286.3)
- Thrombosis Panel (ICD9-286.3)
 (Factor V, MTHFR, Prothrombin)
- Uniparental Disomy, Chrom.# _____
- Y deletion for male infertility
- Zygosity
- Other _____