

Test Requisition Form

Note: Specimens cannot be processed without billing information.

PATIENT NAME (Last, First, MI)	
DATE OF BIRTH	SEX
PATIENT ID (Hospital/Medical Record Number)	
PATIENT PHONE NUMBER	

STAT

CYTOGENETICS ACCESSION NUMBER
INSTITUTION (Hospital/Clinic Name)
SPECIMEN COLLECTED (Date/Time)
SPECIMEN TYPE (Bone Marrow/Blood/Amniotic Fluid)

REQUESTING PHYSICIAN NAME	ATTENDING PHYSICIAN NAME	CONTACT FOR REPORTS (Phone/Fax/Email)
PHONE/PAGER/CELL NUMBER	PHONE/PAGER/CELL NUMBER	SPECIAL INSTRUCTIONS

CLINICAL DIAGNOSIS (Reason for Referral)
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For Oncology (Cancer) Studies
WBC Count: _____
Blast Count: _____

For Prenatal Studies
Gestational Age: _____
LMP: _____
G: _____ P: _____ Sab: _____
Patient's Race: _____
Diabetic/Insulin: _____

TESTS ORDERED:

The clinical diagnosis information must substantiate all tests ordered.

GENETIC TESTS

- Chromosome Analysis – BLOOD (RCA-BL)
- Chromosome Analysis – AMNIOTIC FLUID (RCA-AF)
- Chromosome Analysis – PRODUCTS OF CONCEPTION (RCA-POC)
- Chromosome Analysis – SKIN (RCA-SK)
- Chromosome Analysis – OTHER (RCA-OC)
- Chromosome Mosaicism Analysis (RCA-MOS)
- MICROARRAY TESTING – SNP OLIGO (SNP)**
- Chromosome Analysis reflex to MICROARRAY –SNP OLIGO (SNP-BL)**

FLUORESCENCE IN SITU HYBRIDIZATION – MICRODELETIONS (FISH-DEL)

- Digeorge/VCFS/22q11 Syndrome
- Prader-Willi Syndrome
- Angelman Syndrome
- OTHER (Specify) _____
- FISH – AMNIOTIC FLUID (FISH-ANU)
- FISH – PRODUCTS OF CONCEPTION (FISH-POC)
- Amniotic Fluid AFP (RCA-AF-AFP) Amniotic Fluid AChE (RCA-AF-AChE)

ONCOLOGY (Cancer) TESTS

- Chromosome Analysis – BONE MARROW (RCA-BM)
- Chromosome Analysis – BLOOD (RCA-LB)
- Chromosome Analysis – LYMPH NODE (RCA-LN)
- Chromosome Analysis – SOLID TUMOR (RCA-ST)
- Chromosome Analysis – OTHER (RCA-OA)

FLUORESCENCE IN SITU HYBRIDIZATION – PANELS (FISH-PL)

- | | |
|----------------------------------|---|
| <input type="checkbox"/> AML/MDS | <input type="checkbox"/> Multiple Myeloma |
| <input type="checkbox"/> ALL | <input type="checkbox"/> B-cell Lymphoma |
| <input type="checkbox"/> CLL | <input type="checkbox"/> T-cell Lymphoma |
| <input type="checkbox"/> MPD | |

FLUORESCENCE IN SITU HYBRIDIZATION – SINGLE (FISH-SGL)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> BCR/ABL | <input type="checkbox"/> IGH/BCL2 |
| <input type="checkbox"/> PML/RARA | <input type="checkbox"/> cMYC |
| <input type="checkbox"/> OTHER (Specify) _____ | |