PITTSBURGH CYTOGENETICS LABORATORY

UPMC LIFECHANGINGMEDICINE

Constitutional Cytogenetic Study Requisition form

PATIENT INFORMATION (*Please Print):*	REFERRING PHYSICIAN (*Please Print):*
Last Name: First: M.I.:	Name:
Address: Home Phone #:	Address:
City, State, Zip:	City, State, Zip:
Birthdate: Sex: _____ Male _____ Female SS#:	Telephone:
Medical Record #: Account#:	Fax:
Send Bill To: _____Insurance (please attach insurance info.) ___ Patient _____Institution(list):	Additional Report To:

SPECIMEN INFORMATION:	If PRENATAL SPECIMEN, Please Complete:
Date/Time of Collection:	LMP: Grav. Para SA TA
Type of Specimen: _____ **Peripheral Blood** _____ **Cord Blood** _____ **Fetal Blood(PUBS)** _____ **Amniotic Fluid** _____ **Solid Tissue** _____ **CVS** _____ **Paraffin Section (list source):** _____	Ultrasound Date: **Gestational age:** Composite _____ BPD _____ **Ultrasound Abnormalities:** _____ None List: _____
Is Patient a Diabetic? _____ Yes _____ No	

INDICATION FOR STUDY: (*MUST BE COMPLETED!)*

____ Advanced Maternal Age
____ Increased Risk for ONTD by MSAFP Screening (Elev. AFP)
____ Increased Risk for Trisomy 18 by MSAFP Screening
____ Increased Risk for Down Syndrome by MSAFP Screening
____ Spontaneous Abortion (Weeks Gestation: _____)
____ Hist. of Open Neural Tube Defects (*spina bifida, anencephaly)*
____ Ambiguous Genitalia
Previous Cytogenetic Analysis: ____XX ____XY
____ Others (list): _____

____ Developmental Delay ____ intellectual disability
____ Congenital Heart Defect
____ Autism ____ Seizures ____ Encephalopathy
____ Multiple congenital anomalies
____ Repeated Pregnancy Losses ____ Infertility
____ Dysmorphic features (specify): _____

TEST(S) REQUESTED: (*MUST BE COMPLETED!)*

____ Chromosome Analysis (Karyotype)
_____ Amniotic Fluid AFP _____ Amniotic Fluid AchE
_____ Fluorescence In Situ Hybridization (FISH) Studies:
_____ Prenatal Interphase Study (chroms. 13, 18, 21, X, Y)
_____ DiGeorge/VCF Syndrome (22q11)
_____ Prader-Willi/Angelman Syndrome (15q11q13)
_____ Miller-Dieker Syndrome (17p13)
_____ Other(list): _____

____ Fanconi Anemia (DEB Studies)

____ Wolf-Hirschhorn Syndrome (4p-)
____ R/O Trisomy/Triploidy (Paraffin Section)
____ Williams Syndrome/elastin gene (7q11.23)
____ Cri du chat Syndrome (5p-)
____ Smith-Magenis Syndrome (17p11.2)
____ R/O Trisomy(specify)_____

____ ***180K Whole Genome CGH+SNP Microarray Testing (Purple top tube required!)***
____ ***180K X-chromosome Targeted Microarray Testing (Purple top tube required!)***

Signature of Requesting Physician (REQUIRED!):

Lab Accession # Tech.: _____ Date Received:

Magee-Womens Hospital of UPMC
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