UK HealthCare

University of Kentucky Hospital
Chandler Medical Center Lexington, Kentucky 40536

Cytogenetics Laboratory
Department of Pathology
Phone 859-257-3736
Fax 859-257-6838

PATIENT NAME:

MEDICAL RECORD #:

DATE OF BIRTH:

CYTOGENETICS REQUISITION - CONSTITUTIONAL

Attending Physician	Pager #	Date/Time Specimen Collected:
Requesting Physician Signature	Time/Date Pager #	

Specimen Type: Blood Skin biopsy Products of Conception Placenta Tissue (specify) _____

See specimen requirements below - Deliver to HL423 University of Kentucky Hospital
All specimens other than blood should be placed in Sterile Transport Media (RPMI), it may be obtained:
- from the Cytogenetics Lab during work hours, call 859-257-3736
- after work hours from Lab Central Receiving, call 859-323-5431

CLINICAL DIAGNOSIS (REQUIRED)

	Angelman syndrome		Family history of chromosome abnormality*		Partner of woman with multiple miscarriages #
	Ambiguous genitalia*		Fetal demise*		Prader-Willi syndrome
	Autism spectrum disorder		Infertility		Sex reversal*
	Craniofacial abnormalities*		Klinefelter syndrome		Short stature
	Craniofacial abnormalities*		Mental retardation		Stillbirth*
	Developmental delay		Miscarriage		Trisomy 13
	DiGeorge/Velo-Cardio-Facial syndromes		Multiple miscarriages #_____ (not pregnant)		Trisomy 18
	Down syndrome		Multiple miscarriages #_____ (pregnant)		Turner syndrome
	Dysmorphism*		Multiple congenital anomalies*		Other:

***List suspected diagnosis and/or relevant physical findings, medical history and family history:**

TESTING REQUESTED (check all that apply)

	Chromosome analysis Peripheral blood in sodium heparin: Neonates: 1-2 mL, Children and adults: 3-5 mL Skin biopsy, 4 mm x 4 mm punch biopsy (sterile) POC, placenta, fetal and autopsy specimens – see web site below
	FISH Testing: select specific test below FISH testing may be ordered separately or in addition to Chromosome analysis. FISH Specimen Requirement: Peripheral blood in sodium heparin- All ages: 1-2mL
	Angelman syndrome (D15S10)
	22q11.2 deletion TUPLE1 (HIRA) (DiGeorge/Velo- Cardio-Facial syndromes)
	Prader-Willi syndrome (SNRPN)
	X and Y centromere probes for sex determination (DXZ1/DYZ3) (STAT for newborns < 8 days old only)
	SRY (sex determining region of Y)
	Establish fibroblast cell line for biochemical/DNA testing/Reestablish fibroblast cell line from frozen cells Skin punch biopsy, 4 mm x 4 mm (sterile) Appropriate requisition and consent forms for biochemical/DNA testing *must accompany* specimen.
	Freeze fibroblast cells viably after establishing cell line
	Reestablish fibroblast cell line from frozen cells and grow

LAB USE ONLY
CG _____ Date/Time received_____ CDM_____