

University of Kentucky Hospital  
Chandler Medical Center Lexington, Kentucky 40536

PATIENT NAME:

Cytogenetics Laboratory  
Department of Pathology  
Phone 859-257-3736  
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MEDICAL RECORD #:

DATE OF BIRTH:

**MEDICAL GENETICS CYTOGENETICS REQUISITION**

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

**Specimen Type:** Blood      Skin biopsy      POC      Placenta      Tissue (specify) \_\_\_\_\_

See specimen requirements below - Deliver to HL423 University of Kentucky Hospital

**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)**

<p><b>Chromosome analysis</b> 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 <a href="http://www.hosp.uky.edu/clinlab">http://www.hosp.uky.edu/clinlab</a></p>
<p><b>FISH Testing: select specific test below</b> FISH testing may be ordered separately or in addition to Chromosome analysis. FISH Specimen Requirement: Peripheral blood in sodium heparin- All ages: 1-2mL</p>
<p>Angelman syndrome (D15S10)</p>
<p>22q11.2 deletion TUPLE1 (HIRA) (DiGeorge/Velo- Cardio-Facial syndromes)</p>
<p>Prader-Willi syndrome (SNRPN)</p>
<p>X and Y centromere probes for sex determination (DXZ1/DYZ3) (STAT for newborns &lt; 8 days old only)</p>
<p>SRY (sex determining region of Y)</p>
<p><b>Mitomycin C breakage studies (Fanconi anemia)</b> <b>A control specimen from a normal, non-related individual is required.</b> Specimen Requirement: Peripheral blood in sodium heparin- Neonates: 2mL, Children/adults: 3-5mL, Control: 3-5mL</p>
<p><b>Establish fibroblast cell line for biochemical/DNA testing/Reestablish fibroblast cell line from frozen cells</b> Skin punch biopsy, 4 mm x 4 mm (sterile) Appropriate requisition and consent forms for biochemical/DNA testing <u>must accompany</u> specimen.</p>
<p><b>Freeze fibroblast cells viably after establishing cell line</b></p>
<p><b>Reestablish fibroblast cell line from frozen cells and grow</b></p>

LAB USE ONLY

CG      Date/Time received \_\_\_\_\_

2017  
CDMs \_\_\_\_\_