

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 - PRENATAL

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

Deliver Specimen to HL423 University of Kentucky Hospital

Chorionic Villus Sample 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

SPECIMEN (check one):	CLINICAL INFORMATION:
<input type="checkbox"/> Amniotic Fluid (20 to 30 mls)	LMP (Last Menstrual period) _____
<input type="checkbox"/> Chorionic Villus Sample (15 to 30 mg in RPMI)	Gestational age by LMP _____
<input type="checkbox"/> Cord Blood (1-2 mls in sodium heparin)	Date of Ultrasound _____
<input type="checkbox"/> Other _____	Gestational age by Ultrasound _____

CLINICAL DIAGNOSIS (REQUIRED):

<input type="checkbox"/> Advanced maternal age	<input type="checkbox"/> Screen positive for Trisomy 18
<input type="checkbox"/> Screen positive for Down Syndrome	<input type="checkbox"/> Abnormal Ultrasound _____
<input type="checkbox"/> Screen positive for spina bifida	<input type="checkbox"/> Other _____

Describe additional relevant clinical history here: _____

TESTING REQUESTED (check all that apply):

<input type="checkbox"/> Chromosome analysis	
<input type="checkbox"/> Grow additional cells for biochemical/DNA testing (Appropriate requisition and consent forms must accompany specimen)	Grow extra cells # _____ T-25 flasks
<input type="checkbox"/> Chromosome analysis and FISH – <i>FISH TEST(S) MUST BE SELECTED FROM LIST BELOW</i>	
<input type="checkbox"/> Angelman Syndrome (D15S10)	<input type="checkbox"/> X and Y centromere probes for sex determination (DXZ1/DYZ3)
<input type="checkbox"/> DiGeorge sequence/Velo-Cardio-Facial syndromes 22q11.2 Tuple1(HIRA)	<input type="checkbox"/> SRY (Sex Determining Region of Y)
<input type="checkbox"/> Prader-Willi syndrome (SNRPN)	<input type="checkbox"/> Aneuploidy screen
<input type="checkbox"/> Other _____	

LAB USE ONLY

CG _____

Date/Time received _____

CDM's _____