

## 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)

**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) _____ |                                   |