

PATIENT INFORMATIONName: _____
Last Name, First NameDate of Birth: ____/____/____
MM DD YYGender: Male Female Unknown**REFERRING PHYSICIAN:**

Physician: _____

Phone: _____

Fax: _____

ADDITIONAL PROFESSIONAL REPORT**RECIPIENTS:**

Physician: _____

Phone: _____

Fax: _____

SAMPLE INFORMATION:

Date of Collection: ____/____/____

Hospital: _____

Accession #: _____

Sample Type (Please select one):

- Blood
- Bone Marrow
- Cord Blood
- Amniotic Fluid
- Products of Conception (POC)
- Tissue (specify source): _____
- Other (specify): _____

INDICATION FOR STUDY (check all that apply):

- Autism spectrum disorder
- Birth Defect (specify) _____
- Carrier screening for _____
- Cognitive impairment
- Congenital malformation (specify) _____
- Developmental delay
- Dysmorphic features
- Failure to thrive
- Family history of chromosome abnormality
- Family history of cognitive impairment
- Multiples miscarriages
- Parental analysis following abnormal finding in postnatal/
prenatal study (specify) _____
- Short stature
- Other _____

Constitutional Cytogenetic Analysis

- Chromosome analysis (routine)
- Chromosome analysis (high resolution)
- Chromosome analysis (suspected mosaicism)
- Chromosome Breakage Studies (Fanconi Anemia)
- Fibroblast culture (skin biopsy)
- Products of Conception (POC)
- Tissue for Chromosome Analysis

FISH analysis:

- Aneuploidy (FISH for 13, 18, 21, X and Y)
- Angelman syndrome
- Cri-du-chat (5p-)
- Miller-Dieker syndrome
- Prader-Willi syndrome
- Smith-Magenis syndrome
- Williams syndrome
- Wolf-Hirschhorn (4p-)
- DiGeorge/velocardiofacial/22q11.2 deletion syndrome)
- Steroid-sulfatase deficiency

Array CGH:

- 180K Oligonucleotide Array
- Prenatal Targeted Array
- Targeted Parental Array (please include child's results)

Cancer Cytogenetic Analysis:

- Bone Marrow Chromosome Analysis
- Leukemic Blood treated as Bone Marrow Chromosome Analysis
- Tumor Tissue Chromosome Analysis
- Cancer FISH analysis* (please specify): _____