GENETICS CENTER
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Highlighted fields are required

CYTOGENETICS REQUISITION

PATIENT INFORMATION

Patient Name: (Last, First)_____
Date of Birth: MM_____/DD_____/YY_____
Gender: ☐Male ☐Female ☐Unknown

REFERRING PHYSICIAN

Physician: _____
Address: _____
City, State, Zip:_____
Phone: _____
Fax: _____
Email: _____

ADDITIONAL REPORT RECIPIENTS

Physician: _____
Address: _____
City, State, Zip:_____
Phone: _____
Fax: _____
Email:_____

SAMPLE INFORMATION

Date of Collection: MM_____/DD_____/YY_____
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

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

CONSTITUTIONAL CYTOGENETIC ANALYSIS

☐ **Chromosome Analysis (routine)**
  ☐If chromosomes are normal, reflex to Array CGH
☐ **Chromosome Analysis (high resolution)**
☐ **Chromosome Analysis (suspected mosaicism)**
☐ **Chromosome Breakage Studies (Fanconi Anemia)**
☐ **Fibroblast Culture (skin biopsy)**
☐ **Products of Conception (POC)**
  ☐If chromosomes are normal, reflex to Array
☐ **Tissue for Chromosome Analysis**

FISH Analysis:

☐ Aneuploidy (FISH for 13, 18, 21, X and Y)
☐ Angelman Syndrome
☐ Cri-du-chat (5p-)
☐ Miller-Dieker Syndrome
☐ Lissencephaly
☐ Prader-Willi Syndrome
☐ Smith-Magenis Syndrome
☐ Williams Syndrome
☐ Wolf-Hirschhorn (4p-)
☐ DiGeorge/velocardiofacial/22q11.2 deletion syndrome
☐ Steroid-Sulfatase Deficiency
☐ Other:_____

Array CGH:

☐ 180K Oligonucleotide/SNP 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):**
_____

*For full FISH test menu, please refer to our website: www.geneticscenter.com/fish