

THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform cytogenetic (chromosome) studies.
Please fill out this form and submit it with the test request form or electronic packing list.

PATIENT HISTORY FOR PEDIATRIC/ADULT CYTOGENETIC (CHROMOSOME) STUDIES

Patient Name _____ Date of Birth ____/____/____ Gender F M
 Physician Name _____ Physician Phone (____) _____
 Practice Specialty _____ Physician SECURE FAX (____) _____
 Genetic Counselor _____ Counselor Phone (____) _____

CLINICAL INFORMATION

Sample Type: Peripheral blood Cord blood Buccal Skin Biopsy

Study Type:

Chromosome analysis (karyotype) Newborn FISH panel (13, 18, 21, X, Y)
 Genomic microarray (aCGH) FISH for specific condition:
 Chromosome analysis with reflex to microarray (specify) _____
 Genomic microarray with 5-cell chromosome study

Indication for testing (please check all that apply - *required*):

Suspected diagnosis of: Down syndrome Trisomy 18 Trisomy 13 Turner syndrome
 Abnormal cfDNA/NIPT in utero T21 T18 T13 Turner syndrome XXX XXY XYY
 Other (specify) _____
 Cardiac defect (specify) _____
 Multiple congenital anomalies (specify) _____
 Intellectual and/or developmental disability
 Autism/Autism spectrum disorder/Pervasive developmental delay (PDD)
 Learning disabilities
 Genital anomalies
 Ambiguous genitalia
 Dysmorphic features (specify) _____
 Infertility
 Recurrent miscarriage
 Partner with recurrent miscarriage.(Partner's Name) _____
 Other (specify) _____
 Family history (complete information in box below)

Master Label

There is a family history of a chromosome abnormality in (relationship to patient) _____
 Confirm an abnormality *previously identified in this patient*
IF EITHER OF THE ABOVE IS TRUE, to ensure correct testing, please provide:
 1. The name/DOB of the previously tested family member (if not patient): _____
 2. The abnormality found in the patient or family member: _____
 3. **A copy of that family member's/patient's previous test results.**
Please contact an ARUP genetic counselor at (800) 242-2787, ext. 2141 prior to sending sample to help ensure that the correct test is ordered.