ARUP LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology

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THIS IS NOT A TEST REQUEST FORM. Please complete and submit with the test request form or electronic packing list.

PRENATAL CYTOGENETICS PATIENT HISTORY FORM

Patient Name: _____ **Date of Birth:** _____

Sex Assigned at Birth: ☐Female ☐Male ☐Intersex **Gender Identity (optional):** ☐Female ☐Male ☐_____

Ordering Provider: _____ **Provider's Phone:** _____

Practice Specialty: _____ **Provider's Fax:** _____

Genetic Counselor: _____ **Counselor's Phone:** _____

Date of Draw: _____ **Gestational Age at Draw:** _____**weeks** _____**days**

Chorionic Villus (CVS)
- ☐ **0040203** CVS, FISH
- ☐ **2002291** Chromosome Analysis, CVS
- ☐ **2002366** Cytogenomic SNP Microarray—Fetal
- ☐ **2011131** Chromosome FISH, CVS with Reflex to Chromosome Analysis or Genomic Microarray

Amniotic Fluid (AF)
- ☐ **2002297** Chromosome FISH, Prenatal
- ☐ **2002293** Chromosome Analysis, AF
- ☐ **2002366** Cytogenomic SNP Microarray—Fetal
- ☐ **2008367** Chromosome Analysis, Amniotic Fluid, with Reflex to Genomic Microarray
- ☐ **2011130** Chromosome FISH, AF with Reflex to Chromosome Analysis or Genomic Microarray
- ☐ **3000142** Alpha Fetoprotein (AF) with Reflex to Acetylcholinesterase and Fetal Hemoglobin

Products of Conception; Fresh/FFPE (POC)
- ☐ **2002288** Chromosome Analysis, POC
- ☐ **2005633** Genomic SNP Microarray, POC
- ☐ **2005762** Chromosome Analysis, POC, with Reflex to Genomic Microarray
- ☐ **3004273** Cytogenomic Molecular Inversion Probe Array, FFPE Tissue—POC

Maternal Blood
- ☐ **0050608** Maternal Cell Contamination (MCC), Maternal Specimen

Fetal sex by ☐ ultrasound or ☐ NIPT: ☐ Male ☐ Female ☐ Ambiguous ☐ Unknown

For microarray and MCC studies only:
Is the patient the biological parent of the fetus? ☐ No ☐ Yes
Is there consanguinity? ☐ No ☐ Yes

Indication for testing (check all that apply)
- ☐ Advanced maternal age
- ☐ Abnormal maternal serum screen: ☐ T21 ☐ T18 ☐ High AFP
  - ☐ Other: _____
- ☐ Abnormal cfDNA (NIPT): ☐ T21 ☐ T18 ☐ T13 ☐ TS ☐ SCA
  - ☐ Atypical: CHR ☐ Other: _____
- ☐ Familial chromosome abnormality (provide relationship to fetus, specific abnormality, and a copy of the family member's result): _____
- ☐ Fetus with KNOWN chromosome abnormality (describe and provide a copy of the chromosome report): _____

☐ **Ultrasound abnormality (check finding[s] or list under "other")**

Abdominal/Chest
- ☐ Diaphragmatic hernia
- ☐ Duodenal atresia

Amniotic Fluid
- ☐ Oligohydramnios
- ☐ Polyhydramnios

Cardiac
- ☐ ASD ☐ VSD
- ☐ HLH ☐ TOF
- ☐ Aortic Stenosis
- ☐ Other: _____

Neural Tube
- ☐ Anencephaly
- ☐ Encephalocele
- ☐ Spina bifida

Cranial Facial
- ☐ Agenesis of the corpus callosum
- ☐ Absent CSP
- ☐ Cleft lip
- ☐ Dandy-Walker
- ☐ Holoprosencephaly
- ☐ Hydrocephaly
- ☐ Microcephaly
- ☐ Micrognathia
- ☐ Ventriculomegaly

Fetal Well-Being
- ☐ Fetal demise
- ☐ IUGR
- ☐ SGA/size < dates

Fluid Collection
- ☐ Ascites
- ☐ Cystic hygroma
- ☐ Hydrops
- ☐ Increased NT
- ☐ Skin edema
- ☐ Pericardial effusion
- ☐ Pleural effusion

Limb/Joint
- ☐ Arthrogryposis
- ☐ Clenched hands
- ☐ Clubfoot
- ☐ Polydactyly
- ☐ Rocker bottom foot
- ☐ Syndactyly

Markers/Soft Signs
- ☐ Absent nasal bone
- ☐ Pyelectasis
- ☐ Choroid plexus cyst
- ☐ SUA
- ☐ Echogenic bowel
- ☐ Echogenic cardiac focus
- ☐ Thickened nuchal fold

Skeletal
- ☐ "Bent" bones
- ☐ Radial ray defect
- ☐ Short long bones
- ☐ Short ribs
- ☐ Vertebral anomalies

Urinary Tract
- ☐ Bladder exstrophy
- ☐ Bladder outlet obstruction
- ☐ Hydronephrosis
- ☐ Multicystic kidney
- ☐ Posterior urethral valves
- ☐ Renal agenesis

Ventral Wall Defect
- ☐ Gastroschisis
- ☐ Limb-body wall defect
- ☐ Omphalocele

☐ Other: _____

Additional Testing on Sample

ARUP keeps a backup culture for 3 weeks from the date of report. If additional testing/cultures are desired, please check option(s) below and order ARUP test #0040182 (CG GRW&SND).

- ☐ Culture cells for additional testing. Test desired: _____
- ☐ Store long-term backup cultures (two T-25 flasks frozen and retained for 6 months)

For questions, contact an ARUP genetic counselor at 800-242-2787 ext. 2141.

Master Label