



Client

Account # _____
Name: _____
Address: _____
Phone: _____

Patient

Last, First M _____
 Male Female

DOB _____ SS# _____
Address _____
Patient ID _____ Hospital # _____ Account # _____

Billing

Client Insurance/Patient (Please Attach Copy Insurance Info)
Insurance Company _____
Policy # _____ Group # _____
Insurance Address _____

Physician

ORDERING PHYSICIAN

Phone _____ Fax _____

GENETIC COUNSELOR

Phone _____ Fax _____

Clinical Indication: (Specify ICD-9 codes and Diagnosis)

Comments/Patient History/Special Requests

Lab Use Only

MATERNAL SERUM SCREEN

Specimen Type: Peripheral Blood
Date of Collection _____

MSQ Maternal serum testing, quad screen (AFP, hCG, uE2, inhibin-A)
 MS AFP Maternal serum alphafetoprotein

of fetuses _____
Maternal weight _____ lbs
Ethnicity _____
EGA _____ wks _____ days by U/S LMP PE

No Yes Repeat screen?
 No Yes Family history of NTD? Relative _____
 No Yes Previous pregnancy/child with Down Syndrome?
 No Yes Patient is insulin dependent diabetic prior to pregnancy?

PRENATAL TESTING

Specimen Type: Amniotic Fluid Fetal Blood Other _____
Date of Collection _____

EGA _____ wks _____ days
of fetuses _____

Cytogenetics
 AF Chromosome analysis and AF-AFP
 CYTO PN Chromosome analysis only
 AF AFP Amniotic fluid alphafetoprotein only
 ACHE Acetylcholinesterase

FISH
 F ANEU FISH for trisomy 13, 18, 21 & aneuploid X and Y
 F VCF DiGeorge/Velo-cardio-facial (VCF) syndrome
 F STS Steroid sulfatase deficiency/X-linked ichthyosis
 Other _____

PARENTAL TESTING

Specimen Type: Peripheral blood Cervical swab SurePath™
 Buccal swab Urine ThinPrep®
 Other _____

Cytogenetics
 CYTO PB Chromosome analysis
 Normal High Resolution

Human Genetics
 CF Cystic Fibrosis (32 mutation panel) Ethnicity: _____
 CF-5T CF intron 8 5T/7T/9T
 F2PRO Factor II prothrombin G20210A
 FVLEI Factor V Leiden R506Q
 MTHFR Methylenetetrahydrofolate Reductase C677T and A1298C
 MTHFR 677 MTHFR C677T mutation
 PAI Plasminogen activator inhibitor type I 4G/5G polymorphism

Infectious Disease
 CMV Cytomegalovirus, Qualitative
 EBV Epstein Barr virus, Qualitative
 ENT Enterovirus, Qualitative
 HSV Herpes simplex virus 1 & 2, Qualitative
 ADENO Adenovirus, Qualitative
 PARVO Parvovirus B-19, Qualitative

Human Genetics
 CF AF Cystic fibrosis, please call before specimen collection
 Other _____

PRODUCTS OF CONCEPTION

Specimen Type: Products of conception
Date of Collection _____ **EGA** _____ wks _____ days

Cytogenetics
 CYTO POC Chromosome analysis
 CYTO ST (solid tissue) Chromosome analysis
 Other _____
Please indicate & call before specimen collection

Infectious Disease
 CT Chlamydia trachomatis, Qualitative
 NG Neisseria gonorrhoeae, Qualitative
 CTNG Chlamydia trachomatis/Neisseria gonorrhoeae, Qualitative
 HCV Q Hepatitis C virus, Quantitative
 HIV Q Human immunodeficiency virus, Quantitative
 HPV Human papillomavirus, low and high risk
 HPV HR HPV, high risk only
 HPV G HPV Genotyping
 HSV Herpes simplex virus 1 & 2, Qualitative
 HSV1 HSV 1, Qualitative
 HSV2 HSV 2, Qualitative

Other _____
Please indicate & call before specimen collection