

CYTOGENETICS TEST REQUEST FORM

clinlabs.duke.edu

Medical Genetics

DUKE UNIVERSITY HEALTH SYSTEM • PHONE: 919 / 684-6426 • FAX: 919 / 681-7072

Please attach billing information for referrals to Duke

PATIENT INFORMATION

PATIENT SOC. SEC. _____ PATIENT D.O.B. _____

PATIENT LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT TELEPHONE #: _____

SEX: M F _____

DUKE HISTORY # _____

ADDITIONAL INFORMATION: _____

(i.e. pending pregnancy, family study, etc.)

CLIENT INFORMATION

PHYSICIAN PAGER #

PHYSICIAN TELEPHONE # _____

REQUESTING PHYSICIAN (PLEASE PRINT) _____

GENETIC COUNSELOR/NURSE CONTACT: _____

NAME: _____ PHONE/PAGER _____

SEND ADDITIONAL COPY OF REPORT TO: _____

SPECIMEN COLLECTION

COLLECTION DATE ____/____/____

TIME: _____

SPECIMEN TYPE :

Peripheral Blood *

Skin (fibroblasts)

Amniotic fluid

Gestational age: _____

Fetal sex by U/S (if known): _____

Include AFP

Additional testing: (DHIS and testing lab requisitions required)

_____ Test to be performed

_____ Performing laboratory

Products of Conception (POC, Miscarriage,

Stillbirth)

Gestational age: _____

Reflex to maternal cell contamination studies for normal female results (requires maternal blood specimen in purple top EDTA tube)

Buccal smear slides

(only appropriate for interphase FISH, please call lab for supplies)

***Blood must be drawn in a green top sodium heparin tube (minimum 2cc) for chromosome analysis.**

****An additional purple top EDTA tube (minimum 5cc) is required for microarray analysis.**

Indication for Study: (REQUIRED)

STAT ***For ALL STAT specimens please call lab. After hours, page director (970-1847)*

Chromosome Analysis

FISH Analysis:

DiGeorge (TUPLE1)

Sex chromosome enumeration

Williams

SRY

Prader-Willi/Angelman

FISH for Trisomy 21 or 18 or 13 (Please circle)

Smith-Magenis

Wolf-Hirschhorn

Other: _____

**Please call laboratory*

Constitutional Microarray Analysis (array CGH)

(*requires 1 green top sodium heparin tube and **1 purple top EDTA tube)

Fibroblast culture - TISSUE CULTURE ONLY (NO chromosome analysis)

_____ Test to be performed: (DHIS and Testing lab requisitions required)

Ship cultures to: _____

CYTOGENETICS TEST MENU