

CYTOGENETICS TEST REQUEST FORM

clinlabs.duke.edu

Products of Conception

DUKE UNIVERSITY HEALTH SYSTEM • PHONE: 919 / 684-6426 • FAX: 919 / 681-7072
DUHS Clinical Labs • 2351 Erwin Rd. • Room 0220 Wadsworth Building • Durham, NC 27705

Please attach billing information for referrals to Duke

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.)

Use Pink Cytogenetics Transport media for tissue collection. For additional media call 919-684-6426. Calls must be made a day in advanced to allow transit.

Specimen Required:

1. Products of Conception (POC, Miscarriage, Stillbirth)

Collection Date: ____/____/____

Time: _____

Gestational age: _____

Fetal sex (if known): _____

2. Maternal Peripheral blood Specimen for maternal cell contamination studies**

Cytogenetic testing requires reflex to maternal cell contamination studies for normal female results. This requires maternal blood specimen in purple top EDTA tube with order for **DNA Extract and Hold**

DNA Extract & Hold [LAB6260]

PHYSICIAN PAGER #

PHYSICIAN TELEPHONE #

REQUESTING PHYSICIAN (PLEASE PRINT)

REQUESTING PHYSICIAN (SIGNATURE)

GENETIC COUNSELOR/NURSE CONTACT:

NAME

PHONE/PAGER

SEND ADDITIONAL COPY OF REPORT TO:

Indication for Study: (Required)

Chromosome Analysis (Products of Conception) [LAB6172]

SNP Chromosomal Microarray [LAB9769]

Fibroblast culture [LAB6561] - TISSUE CULTURE ONLY (NO chromosome analysis)

Name of test to be performed and performing laboratory

REV 3/16/23 ADF

PATIENT INFORMATION

SPECIMEN COLLECTION

CLIENT INFORMATION

CYTOGENETICS TEST MENU