

Place Patient label here
(Place additional labels on the back of requisition)



Prenatal Cytogenetic Requisition

See Separate Pediatric/Adult and Oncology Requisition

Cincinnati Children's

Cytogenetic and Molecular Laboratories
3333 Burnet Ave TCHRF 1042 Cincinnati, OH 45229-3039

For test inquiries or courier service please call:

Phone 513-636-4474 or FAX 513-636-4373

web site : www.cincinnatichildrens.org/cytogenetics

Patient Presented for Lab Draw Specimen Only

1. Patient / Physician Information

Specimen date: / /	Specimen time: :	Patient Name: (Last, First, Mid. Int.)	Sex:	Date of Birth:
Hospital MR #:	Referring Institution:	Referring Physician:	Physician Phone:	Physician FAX:
Physician Address:	Lab Address:	Lab phone:	PHYSICIAN SIGNATURE: (required)	
Genetic Counselor or RN (to call with abnormal results)			GC/RN Phone:	

2. Billing Information - Please see second page of requisition

3. Specimen Type

- Amniotic Fluid _____ mls collected Products of Conception Peripheral Blood
 CVS (maternal sample needed: 3 mL blood in EDTA **OR** 2 buccal swabs) Other: _____

5. Diagnosis (Diagnosis or ICD-9 Code REQUIRED)

- Abnormal MS-AFP Advanced Maternal Age Molar pregnancy
 IUGR Consanguinity: _____ Infertility
 Fetal Anomalies Fetal demise Other (ICD-9 Code) _____
 Cystic Hygroma Recurrent Miscarriage _____
 Abnormality on Ultrasound: _____

4. Pregnancy Data

Ultrasound date: _____ Gestational Age: _____
wks days

LMP: _____ Gestational Age: _____
wks days

G _____ P _____ SAB _____ TAB _____

Multiple Gestation: (separate requisitions)

6. Cytogenetic Tests

- Chromosome Analysis** (Blood, Amnio, CVS, Tissue)
Includes: order for AFP if gest age 13W0D-24W6D
order for ACHE if gest age >24W6D
order to reflex to ACHE if AFP is abnormal
 Do **not** include AFP or ACHE testing in order
 Reflex to Microarray if chromosome analysis is normal
Parental samples required for MA on CVS/amnio:
5 mL blood in EDTA and 5mL blood in NaHep
OR four (4) buccal swabs for each parent
- SNP Microarray** (Blood, Amnio, CVS, Tissue)
Parental samples required for CVS/amnio:
5 mL blood in EDTA and 5mL blood in NaHep
OR four (4) buccal swabs for each parent
- Cell Culture, Storage & Freezing of Cells**
(# of flasks _____)
- Thaw/Expansion of Cells**
- Special Study: (please call lab prior to ordering)**

FISH Testing

- Prenatal Aneuploidy FISH Panel (Chr. 13, 18, 21, X, Y)
 Velocardiofacial (DiGeorge) Syndrome (deletion 22q11.2)
 Other FISH: _____

(contact lab or see website for FISH probe availability)

7. Molecular Testing

- Fragile X Inherited Thrombophilia Testing
 Prader-Willi / Angelman Methylation Factor V (Leiden)
 Identity Test (STR) Thrombophilic Polymorphism Panel
(MTHFR-677C>T, Factor V- Leiden, Factor II- Prothrombin 2021, PAI-1)
 Maternal cell contamination Twin zygosity

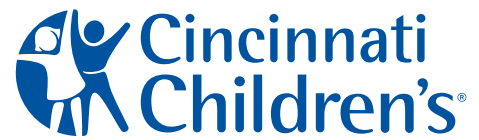
Medical Necessity Regulations- At the government's request the Genetics Laboratory would like to remind all physicians when ordering tests that will be paid under federal health including Medicare and Medicaid, these programs will pay only for those tests the relevant program deems to be (1) included as covered services (2) reasonable (3) medically necessary for treatment and diagnosis of the patient (4) not for screening purposes.

Feb-11

Please complete billing information on page 2. Both pages of requisition must be completed before sample can be processed.

Billing Information

Patient Name Last/First
DOB



Cincinnati Children's Hospital
Medical Center
3333 Burnett Avenue
Cincinnati, OH
45229

Choose one method of payment

Patient Billing

- Check Enclosed Money Order Credit Card
(Visa, MC, AM.Exp., Disc.)

Credit Card Number
Card Holder Name
Expiration Date
Signature

Phone: 513-636-4474

Fax: 513-636-4373

www.cincinnatichildrens.org

Referring Institution or MD

Institution
Address
City/State/Zip
Contact Name
Phone
Fax
Email

Insurance / Policy Holder Information

Name	
DOB	Gender
Authorization Number	
Insurance Name	
Insurance Address	
City/State/Zip	
Insurance ID Number	
Group Number	
Insurance Phone Number	

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Patient signed completed ABN

ALL INFORMATION MUST BE COMPLETED BEFORE SAMPLE CAN BE PROCESSED