DIAGNOSTIC CYTOGENETICS INCORPORATED
Your Comprehensive Cytogenetic Analysis Resource

1525 13th Avenue, Seattle, WA 98122
800.328.2026 206.328.2026
dci@diagnosticcytogenetics.com

CONSTITUTIONAL TESTING REQUEST FORM

Name: ______________________ Sex: __ B.D.: ________ Pt#: ____________

SSN: ______________________ Phone (day): ____________ (eve): ____________

Address (required): ______________________

CHARGE TO: (please attach admissions face sheet, completed insurance forms, and/or a copy of insurance card. If not available, please complete.)

Name: ______________________ Phone: ____________

Address: ______________________

Policy Holder: ______________________ ID#: ____________ Group #: ____________

SPECIMEN INFORMATION

Amniotic Fluid
Chorionic Villi
Weeks Gestation: (LMP) ____________
(US) ____________

Solid Tissue
Placenta
Fetal Tissue
Products of Conception

Peripheral Blood
Other: ____________

Clinical Indication/ICD-10: ______________________

Advanced Maternal Age
Abnormal Maternal Serum Screen
Abnormal NIPT
Increased risk for Down Syndrome
Increased risk for ____________
Ultrasound Abnormalities: ____________

Recurrent Miscarriage
Family History of: ____________
Other:

TESTING

Chromosome analysis
Limited Follow-Up Study (PB Only)
FISH: Aneuvysion (Chromosomes 13, 18, 21, X, Y)
POC Aneuploidy (Chromosomes 13, 16, 18, 21, 22, X, Y)
Other: ____________
Chromosomal Microarray*
Report all findings
Do not report variants of uncertain significance
Molecular/DNA Testing*: ____________
Culture cells for possible sendout testing

AFP* ACHE* Reflex to ACHE if AFP Positive*
Viral testing* for: ____________

Other:

REFLEX TESTING

If Aneuvysion FISH is [NORMAL, then reflex to chromosomal microarray.
ABNORMAL, then reflex to chromosome analysis.

If ____________ is NORMAL, ABNORMAL, then reflex to ____________

Physician: ____________ Address: ____________
Time/Date: ____________ ____________
Phone: ____________ ____________
Fax: ____________ ____________

MEDICAL SPECIMEN - DO NOT REFRIGERATE

*Sent to an outside lab

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SPECIMEN REQUIREMENTS AND SHIPPING

All specimens must be labeled with patient's name and be accompanied by completed request form. All samples should be kept at room temperature and transported to the laboratory with minimum delay. Please call (800) 328-2026 if you have any questions.

AMNIOTIC FLUID/CHORIONIC VILLUS

Amniotic Fluid: (AF) 15-20 ml of amniotic fluid in 2-3 sterile tubes. Please use B-D syringe. Do not use: Monoject or Jelco syringes, or silicon coated tubes. AFP testing will be performed on all specimens unless otherwise indicated.

Chorionic Villus Sample: (CVS) 10-15 mg in sterile tissue culture media.

Interphase FISH: Rapid aneuploid screening on uncultured cells (AF or CVS) is performed only in conjunction with conventional metaphase chromosome analysis, no irreversible therapeutic action should be initiated on the basis of FISH. Aspirate 5 ml of amniotic fluid in addition to the 15 ml of fluid required for cytogenetics. Bloody samples are not appropriate for interphase FISH due to the increased risk of maternal cell contamination.

PERIPHERAL BLOOD

Peripheral Blood: 5-10 ml of blood in a preservative free sodium-heparin (green-top) tube. Invert tube to mix. Prometaphase analysis will be performed on all specimens unless otherwise specified.

Newborns & Percutaneous Umbilical Blood (PUBS): Minimum of 1 ml peripheral blood in a preservative free sodium-heparin (green top) tube. Invert tube to mix well.

SOLID TISSUE

All solid tissue samples should be collected aseptically and transported in tissue culture media or Hank's balanced salt solution. Do NOT put in water, fixative, formalin or saline. Please keep sample at room temperature.

Products Of Conception/Fetal Tissue: Large chorionic villi sample (approximately 1-3 cm3) and a fetal tissue sample such as skin, lung, or pericardium. Please send multiple tissue types if possible. Label tube with tissue type or origin.

Skin Biopsy/Solid Tissue: 1-3 mm3 or more tissue. Label tube with tissue type or origin.

NEOPLASIA

Bone Marrow: Aspirate 1-2 ml bone marrow into a sterile syringe containing 0.1 ml preservative free sodium heparin invert syringe to mix and transfer to a 3 ml preservative free sodium-heparin (green-top) vacutainer tube.

Leukemic Peripheral Blood: Patient should have WBC of 15,000 or higher with approximately 10% circulating immature myeloid or lymphoid blast cells. Collect 5 ml of peripheral blood in a preservative free sodium-heparin (green top) vacutainer tube.

Solid Tumor Tissue: >1 cm3 representative tumor tissue collected under aseptic conditions and transported in sterile tissue culture media.

Lymph Node Biopsy: >5 mm3 tumor biopsy collected under aseptic conditions and transported in sterile tissue culture media.

MOLECULAR ANALYSIS/DNA TESTING

Peripheral Blood: 5-10 ml blood in an EDTA (lavender-top) tube for molecular testing, and 5-10 ml blood in a preservative free sodium-heparin (green-top) tube for cytogenetic studies. (Molecular studies will be forwarded to an outside laboratory).

Prenatal: 15-20 ml of amniotic fluid in 2 sterile tubes. Cytogenetic analysis will be performed, and amniocytes will be cultured to send to an outside laboratory for molecular studies.

FLUORESCENCE IN SITU HYBRIDIZATION (FISH)

FISH studies are indicated when classic cytogenetics alone cannot resolve an abnormality. Specimen collection is as described previously for the tissue to be studied.

SHIPPING INFORMATION

Sample should be securely packaged and sent at room temperature to:

Diagnostic Cytogenetics, Inc., 1525 13th Avenue, Seattle, WA 98122

We provide free shipping. To arrange pick up in the local Puget Sound area, please call (206) 328-2026 or (800) 328-2026. For overnight delivery service: Federal Express (800) 463-3339. Call us for our current account number. Please send specimens by Standard Overnight Service. Specimens sent on Friday MUST be marked with a "Saturday Delivery" sticker.

Please call the lab at (800) 328-2026 with the airbill number so that we may track your specimen.