

FETAL & SOLID TISSUE 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

Weeks Gestation: (LMP) _____
(US) _____

	Solid Tissue	Other: _____
	Placenta	
	Fetal Tissue	
	Products of Conception	

Clinical Indication/ICD-10: _____

Advanced Maternal Age	Recurrent Miscarriage
Abnormal Maternal Serum Screen	Family History of: _____
Abnormal NIPT	Other: _____
Increased risk for Down Syndrome	
Increased risk for _____	
Ultrasound Abnormalities: _____	

TESTING

Chromosome analysis	AFP* ACHE* Reflex to ACHE if AFP Positive*
Limited Follow-Up Study (PB Only)	Viral testing* for: _____
FISH: Aneuvysion (Chromosomes 13, 18, 21, X, Y)	Other: _____
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	

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: _____

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

We no longer offer this testing as of 4/2022.

Chorionic Villus Sample: We no longer offer this testing as of 4/2022.

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: We no longer offer this testing as of 8/2022.

Newborns & Percutaneous Umbilical Blood (PUBS): We no longer offer this testing as of 8/2022.

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: 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: We no longer offer this testing as of 8/2022.

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., 2360 W Commodore Way Suite 201, Seattle WA 98199

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.