DIAGNOSTIC CYTOGENETICS INCORPORATED
Your Comprehensive Cytogenetic Analysis Resource

2360 West Commodore Way Ste 201 Seattle, WA 98199
800-328-2026 fax: 206-325-2975
www.dxcyto.com email: dci@dxcyto.com

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

Solid Tissue

- ☐ Other Tissue (describe): ____________ ________________
- ☐ Placenta
- ☐ Fetal Tissue
- ☐ Products of Conception

Weeks Gestation: (LMP) ____________

(US) ____________

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

FISH: ☐ 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

Physician: ________________ Address: ________________

Collection 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.

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.

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.