Cytogenetics Congenital testing requisition instructions

Allina Health LABORATORY

Complete the requisition in its entirety, including:

1. Circle the ordering provider
2. Indicate billing preference
3. Date & time of specimen collection
4. Patient legal name
5. Patient gender
6. Patient date of birth
7. Patient address (Street, City, State and ZIP
8. Insurance information if testing is to be billed to insurance
9. Genetic counselor or referring provider name and phone number
10. Indicate if testing is stat or if results are to be called
11. Clinical indications for testing

Section 1 - Prenatal congenital studies

12. **Prenatal specimen types:** For proper processing, the specimen type must be selected. For Products of Conception / Autopsy specimens, indicate tissue source.
13. **Prenatal information:** Enter gestational age by ultrasound. Enter: Gravida (G), Parity (P), Spontaneous abortion (SAB) and Therapeutic abortion (TAB) information.
14. **Prenatal cytogenetic tests:** Select Chromosome study, Chromosomal Microarray (CMA) test, or the Combination test (combines a Limited Chromosome Study with a Microarray Analysis). Select "Tissue culture only" if the specimen is sent to culture and hold for future test orders. For aneuploidy FISH studies, select Aneuvysion FISH panel (X, Y, 13, 18, 21)
15. **Prenatal Sendout tests:** Select a send out test; AFP, ACHE, AFP & ACHE with reflex to fetal hemoglobin or "Other". If "Other" is selected, list testing requested. Select whether send out test should be performed on the direct specimen "DIRECT" or on cultured cells "CULTURES". Attach send out paperwork and any accompanying documentation (consent, family history, etc.). Select testing priority for specimens with minimal volume.

Section 2 – Postnatal congenital studies

16. **Postnatal specimen types:** The specimen type must be selected for proper processing.
17. **Postnatal cytogenetic tests: Chromosome Studies** - Select Standard Blood Chromosome Analysis or Skin Biopsy Chromosome Analysis. Select "Tissue Culture Only" if the specimen is sent to culture and hold for future test orders. For newborn baby blood specimens, select STAT if a 48-72 hr. verbal preliminary result is needed (see section 10)**.**
18. **Chromosomal Microarray (CMA) tests:** Select Chromosomal Microarray (CMA) test or the Combination test (combines a Limited Chromosome Study with a Microarray Analysis). Obtain consent for genetic testing and ensure genetic counseling is available to the family.
19. **FISH tests:** Check box for specific test(s) requested. For aneuploidy FISH studies, select the appropriate Aneuvysion panel.
20. **Postnatal sendout tests:** List the specific send out test(s) needed and include completed accompanying paperwork with specimen requirements.
21. **Familial studies:** For follow up parental or family studies, provide the name of the proband and associated case/specimen number, as well as the biological family members' names.

Specimen requirements are provided in the Allina Health Laboratory Test catalog
www.allinahealth.org/allinahealthlaboratory

ALLINA HEALTH LABORATORY
CYTOGENETICS - CONGENITAL
2800 10th Ave. S., Ste 2000, Minneapolis, MN 55407
Phone: (612) 863-4541 - Fax: (612) 863-8752
www.allinahealth.org/allinahealthlaboratory

BILL TO (MUST CHEC...): ☐ CLIENT ☐ PATIENT/I... NCE 2

Your site/account information will be pre-printed in this area

1

DATE & TIME COLLECTED 3 | DRAWN BY

PATIENT NAME: Last, First MI 4 | CHART #

GENDER: ☐ Male ☐ Fema... 5 | BI... DATE (mm-dd-yyyy) - - 6

PATIENT ADDRESS: Street an...

STATE 7 ZIP | PATIENT PHONE ( )

☐ Attachments included for insurance information

MEDICARE

MEDICARE SECONDARY PAYER (MSP) INFORMATION REQUIRED.
For Medicare patients with open WC or MVA claims, is this testing relate... o claims?
☐ *YES* (additional claim information needs to be filled in below) ☐ NO

MEDICAL ASSISTANCE NUMBER 8

INSURANCE CO. NAME

POLICY HOLDER'S NAME | RELATIONSHIP OF PATIE... T TO INSURED: ☐ Self ☐ Spouse ☐ Dep... dent ☐ Other

SUBSCRIBER ID # | GROUP #

☐ STAT
☐ Call to: (________) ________ - ____________ 10

Clinical indications for testing: 11

PROVIDER SIGNATURE

Provider phone # | Provider fax #

Dx1 | Dx2 | Dx3 | Dx4

Genetic counselor/Referring physic... 9 ...ne#

Medical Necessity Statement: Tests ordered on Medicare patients must follow CMS rules regarding medical necessity and FDA approval guidelines, and must include diagnosis, symptom, or reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment, a "signed" Advanced Beneficiary Notice must be included. Clinical consultation regarding test ordering is provided at 612-863-4670.

**Indicates coverage sensitive tests, ABN or waiver may be needed.*
☐ ABN/Waiver NOT INDICATED ☐ ABN/Waiver INCLUDED

PRENATAL CONGENITAL STUDIES

PRENATAL SPECIMEN TYPE *(see back page for specimen requirements)*
- ☐ AMNIOTIC FLUID (LAB4280A)
- ☐ CHORIONIC VILLI (LAB4280B)
- ☐ FETAL BLOOD / PUBS (LAB4280F)
- ☐ PRODUCTS OF CONCEPTION (POC) / AUTOPSY (LAB4280C)
  - ☐ Placenta ☐ Skin ☐ Tissue ____________

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PRENATAL INFORMATION
Ultrasound Gestation = ____________
G________ P________ SAB________ TAB________

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PRENATAL CYTOGENETIC TESTS
- ☐ CHROMOSOME ANALYSIS
- ☐ CHROMOSOMAL MICROARRAY (CMA)*
  (Requires maternal and paternal blood specimens. The paternal specimen must be submitted on a separate requisition)
  - ☐ Biological Mother
  - ☐ Biological Father (name)____________
- ☐ COMBINATION TEST * – Limited Chromosome Analysis plus CMA
- ☐ TISSUE CULTURE ONLY
- ☐ ANEUVYSION FISH PANEL (X, Y, 13, 18, 21)

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PRENATAL SENDOUT TESTS
- ☐ AFP
- ☐ AFP & ACHE with reflex to Fetal Hemoglobin
- ☐ ACHE
- ☐ OTHER SENDOUT
  - ☐ DIRECT ☐ CULTURES

(Attach test requirements and other documentation for send out)

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SELECT TEST PRIORITY
- ☐ CYTOGENETICS
- ☐ SENDOUT

POSTNATAL CONGENITAL STUDIES

POSTNATAL SPECIMEN TYPE *(see back page for specimen requirements)*
- ☐ PERIPHERAL BLOOD (LAB4280F)
- ☐ CORD BLOOD (LAB4280F)
- ☐ SKIN BIOPSY (LAB4280D)

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POSTNATAL CYTOGENETIC TESTS
- ☐ STANDARD BLOOD CHROMOSOMES ANALYSIS
- ☐ SKIN BIOPSY CHROMOSOMES ANALYSIS
- ☐ TISSUE CULTURE ONLY

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CHROMOSOMAL MICROARRAY (CMA) TESTS
(If CMA is requested on blood specimen, collect in both NaHep and EDT...
- ☐ CHROMOSOMAL MICROARRAY – CMA *
- ☐ COMBINATION TEST – Limited Chromosome Study Plus CMA *

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FISH TESTS
- ☐ ANEUVYSION FISH PANEL (X, Y, 13, 18, 21)
- ☐ ANEUVYSION FISH PANEL (X, Y, 18)
- ☐ ANEUVYSION FISH PANEL (13, 21)
- ☐ DiGeorge/VCFS/Catch22 (22q11.2)

M... dered ...osomes ...ay 19

POSTNATAL SENDOUT TES...
- ☐ SENDOUT TEST ____________

(Attach test requiremen... 20 ...r documentation for send out)

FAMILIAL STUDIES
- ☐ FOLLOW-UP PARENTAL / FAMILY STUDIES

Proband Name: Proband specime... 21
Biological Mother:____________
Biological Father:____________
Other family members:____________

Apply RQ label here