LAB05

ALLINA HEALTH LABORATORY
CYTOGENETICS - CONGENITAL
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BILL TO: MUST CHECK ONE ☐ **CLIENT** ☐ **PATIENT/INSURANCE**

Submitter: **XADO** **(Opt OUT/Non-Participating Patient)**

Facility Name: _____

Address: _____

_____

Phone: _____

Complete Provider Name: _____

-AND-

Provider Allina Health ID Number: _____

-OR-

Provider NPI Number: _____

☒Fax report to (____) _____- _____

FOR STAT SAMPLES:

☐ **STAT Call to (_____)_____**

Clinical Indication for Testing:

DATE & TIME COLLECTED | DRAWN BY (AHL Staff use Tech # Only)

SOCIAL SECURITY # - - | ☐ MALE ☐ FEMALE | BIRTH DATE (MM-DD-YYYY) - -

PATIENT NAME: LAST, FIRST M.I. | CHART #

PATIENT ADDRESS: STREET and CITY

STATE ZIP | PATIENT PHONE ( )

☐ **MEDICARE PRIMARY** ☐ **MEDICARE SECONDARY**

MEDICARE

MEDICAL ASSISTANCE NUMBER | STATE

INSURANCE

INSURANCE CO. NAME | RELATIONSHIP OF PATIENT TO INSURED ☐ SELF ☐ SPOUSE ☐ DEPENDENT ☐ OTHER

POLICY HOLDER'S NAME | POLICY HOLDER DATE OF BIRTH (IF NOT PATIENT) / /

SUBSCRIBER ID # | GROUP #

Dx1 | **Dx2** | **Dx3** | **Dx4**

Ordering Physician Signature | **Referring Physician** | **Phone #**

Clinician Phone # | **Clinician Fax #** | **Genetic Counselor** | **Phone #**

POSTNATAL CONGENITAL STUDIES

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

POSTNATAL CYTOGENETIC TESTS		**☐ Check if STAT**
☐ STANDARD BLOOD CHROMOSOMES		CSBLD
☐ HIGH RESOLUTION BLOOD CHROMOSOMES		CSHR
☐ SKIN BIOPSY CHROMOSOMES		CSPSK
☐ TISSUE CULTURE ONLY		POCFC

CHROMOSOMAL MICROARRAY (CMA) TESTS
(If CMA is requested on blood specimen–collect in both NaHep and EDTA tubes)

☐ CHROMOSOMAL MICROARRAY – CMA		CTGE, CMAS
☐ COMBINATION TEST – Limited Chromosome Study Plus CMA		MLBCS

FISH TESTS		**☐ Check if STAT**
☐ Aneuploidy Perinatal X/Y/13/18/21 Panel	***Must be ordered with Chromosomes or Microarray***	PERP
☐ Aneuploidy X/Y/18 ONLY Panel		XYO
☐ Aneuploidy 13/21 ONLY Panel		13O
☐ Angelman syndrome (AS)	15q11.2	ANG
☐ Cri du Chat syndrome	5p15.2	CDC
☐ DiGeorge/VCFS/CATCH22 (DGS)	22q11.2	DIG1
☐ DiGeorge II syndrome (DGS II)	10p14	DIG2
☐ Kallmann syndrome	Xp22.3	KAL
☐ Miller-Dieker syndrome (MDS)	17p13.3	MILD
☐ Prader-Willi syndrome (PWS)	15q11.2	PRW
☐ Smith-Magenis syndrome (SMS)	17p11.2	SMMG
☐ Sotos syndrome	5q35	SOT
☐ SRY	Yp11.3	SRY
☐ Steroid Sulfatase (STS) deficiency (X-linked ichthyosis)	Xp22.3	STSX
☐ Williams Beuren syndrome (WBS)	7q11.23	ELN
☐ Wolf-Hirschhorn syndrome (WHS)	4p16.3	WHIR
☐ XIST	Xq13.2	XIST
☐ Other_____		
Misc. Metaphase or Interphase FISH Study		METG or INTG

POSTNATAL SENDOUT TESTS
- ☐ SENDOUT TEST _____ MSO

(Attach Test Requirements and Other Documentation For Send Out)

PARENTAL STUDIES
- ☐ FOLLOW-UP PARENTAL / FAMILY STUDIES **(Please call the lab to discuss)**

Proband Name:_____ Proband Case #: _____
Biological Mother:_____
Biological Father:_____
Other Family Members:_____

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 _____

PRENATAL INFORMATION (Required)

Ultrasound gestation = _____

G_____ P_____ SAB_____ TAB_____

PRENATAL CYTOGENETIC TESTS

☐ CHROMOSOME STUDIES	CSAF, CSCV, CSBLD, CSPSK
☐ CHROMOSOMAL MICROARRAY ANALYSIS – CMA	CTGE, CMAS
(Requires Maternal and Paternal blood specimens collected in EDTA tubes)	
☐ Biological Mother	MSO
☐ Biological Father (name) _____	MSO
☐ COMBINATION TEST – Limited Chromosome Study Plus CMA	MLBCS
☐ TISSUE CULTURE ONLY	AMCVC, POCFC

FISH TESTS ***- Must be ordered with Chromosomes or Microarray***

☐ Aneuploidy Perinatal X/Y/13/18/21 Panel	PERP
☐ Other_____	
Misc. Metaphase or Interphase FISH Study	METG or INTG

Paraffin FISH study for POC specimens ONLY – when chromosome results are not available

☐ Expanded Aneuploidy X/Y/13/16/18/21/22 Panel	ANEU+

PRENATAL SENDOUT TESTS

☐ AFP	BAA
☐ ACHE	ACB
☐ OTHER SENDOUT _____	MSO

☐ DIRECT ☐ CULTURES

(Attach Test Requirements and O

SELECT TEST PRIORITY
- ☐ CYTOGENETICS
- ☐ SENDOUT

PRENATAL HOLD
- ☐ Hold cultured cells:

_____
_____
_____

Affix
RQ Label
Here

TUBE/CONTAINER(S) RECEIVED: Na Hep (Dk Green)_____ EDTA(Lavender)_____ 15ml conical tube_____ Sterile Cup_____ Histo container_____ Other_____

CYTOGEN-CONG (7/15) ☐ Ordered by (A#) _____

CYTOGENETIC CONGENITAL SAMPLE REQUIREMENTS

Amniotic Fluid:

20 cc sample in sterile tissue culture tubes at room temperature. Discard first 2 cc of draw.

Chorionic Villi (CVS):

10-30 mg sample sent in CVS Transport Media, Hanks Balanced Salt Solution (HBSS) or sterile saline at room temperature.

Products of Conception:

- Please obtain representative samples to send. Placental villi (50mg) and tissue samples ($1cm^3$) preferred over skin samples ($3mm^3$).
- Sample sent in sterile saline, RPMI, or Hank's Balanced Salt Solution (HBSS) at room temperature. NO FORMALIN.
- Refrigerate sample if not sending the same day. Must send within 48 hr.
- DO NOT SEND THE ENTIRE FETUS OR PLACENTA.

Skin Biopsy:

- Transport a minimum of 3 mm^3 in sterile saline, RPMI, or Hank's Balanced Salt Solution (HBSS) at room temperature.
- Refrigerate if not sending same day. Must send within 48 hr.

Percutaneous Umbilical Blood (PUBS):

- Draw a minimum of 1-2 cc in a sterile sodium heparinized tube. Keep at room temperature.
- **Chromosomal Microarray (CMA) Analysis requires blood in both EDTA and sodium heparinized tubes. Keep at room temperature.**

Cord Blood:

- Draw a minimum of 1-2 cc in a sterile sodium heparinized tube. Keep at room temperature.
- **Chromosomal Microarray (CMA) Analysis requires blood in both EDTA and sodium heparinized tubes. Keep at room temperature.**

Peripheral Blood:

- Adults: Draw 5 cc in a sterile sodium heparinized tube. Keep at room temperature.
- Infants and Children: Draw a minimum of 2 cc in a sterile sodium heparinized tube. Keep at room temperature.
- **Chromosomal Microarray (CMA) Analysis requires blood in both EDTA and sodium heparinized tubes. Keep at room temperature.**
- **If Fragile-X Testing is ordered in addition to Cytogenetic studies:** Draw 15 cc in an EDTA tube **in addition to** the sodium heparinized and EDTA samples to be used for chromosome or CMA analysis.

REFLEX TESTING

Cytogenetic studies may require additional cells analyzed, karyograms, stains, or tests performed at the discretion of a cytogenetics director. These additional processes, deemed necessary to complete the diagnostic result, will be reported and billed as reflex charges.

MISCELLANEOUS CYTOGENETIC TESTS

Additional Culture	
FRZ	Cryopreserve Culture
THAW	Thaw Frozen Cells For Culture
AMCVC	Amnio/CVS Culture Only
POCFC	POC/Skin/Autopsy Culture Only
BFC	Congenital Blood Culture Only
SO-AC	Amnio or Chorionic Villi Sendout Culture
SO-PS	POC or Skin Sendout Culture

Additional Analysis	
ADDST	Individual Special Stain
ADDCT	Additional Cells Analyzed
ADDKT	Additional Cells Karyogramed

Limited Chromosome Studies	
LAS	Limited Amnio Chromosome Study
LCVS	Limited CVS Chromosome Study
LPSKS	Limited POC/SKIN/Autopsy Chromosome Study
LCBS	Limited Blood Chromosome Study
CSAFN	Non-in Situ Chromosome Study