



Patient Name _____
DOB _____ Sex _____
Medical Record # _____ Specimen # _____
Physician _____ Phone # _____
Hospital/Clinic _____
Date / Time Sample Obtained _____
FAX # _____

REQUISITION FOR CHROMOSOME ANALYSIS
PLEASE PHONE (414)-393-1000 BEFORE SENDING

CONSTITUTIONAL DISORDERS

REASON FOR CHROMOSOME STUDY: _____

- chromosome analysis** **chromosome analysis and FISH** **FISH only**

Specify FISH probe(s): _____

- AMNIOTIC FLUID** (≥ 15 cc in 2 sterile screw-top tubes) gestational age _____ weeks
 chromosome analysis
 alpha-fetoprotein (AFP)
 acetylcholinesterase (ACHE)
 fluorescent *in situ* hybridization (FISH) (interphase analysis with probes for chromosome 13, 18, 21, X and Y)
- CHORIONIC VILLI** (15 - 25 mg cleaned villi in tissue culture media in a screw-top tube)
- BLOOD** (≥ 5 cc in sodium heparin Vacutainer™, ≥ 2 cc for infants in pediatric tube)
- FETAL TISSUE** (≥ 0.5 -1.0 cm³ of fetal skin + thigh muscle and a similar sized piece of placenta in sterile saline or tissue culture transport media)
- PRODUCTS OF CONCEPTION** (≥ 0.5 -1.0 cm³ piece of tissue in sterile saline or tissue culture transport media)
- SKIN** (≥ 3 mm diameter full thickness biopsy in sterile saline or tissue culture transport media)
- OTHER TISSUE** (Specify) : _____

HEMATOLOGIC / NEOPLASTIC DISORDERS

REASON FOR CHROMOSOME STUDY: _____

- chromosome analysis** **chromosome analysis and FISH** **FISH only**

Specify FISH probe(s): _____

- BLOOD** (5-10 cc in sodium heparin Vacutainer™)
- BONE MARROW** (≥ 2 cc marrow in sodium heparin Vacutainer™) **Please enclose copy of most recent CBC**
- LYMPH NODE** (≥ 1 cm³ sterile piece of node placed in saline or tissue culture transport media)
- TUMOR** (≥ 1 cm³ piece of tissue in sterile saline or tissue culture transport media)
- UNSTAINED SLIDES** (3 slides with sections of 4-5 microns thickness) from paraffin-embedded tissue

Lymph node and tumor samples should be transported to CompGene ASAP.

DNA services on other side.