



THE UNIVERSITY OF
ALABAMA AT BIRMINGHAM

**Department of Genetics
Cytogenetics Laboratory**
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Medical Record #

PATIENT HISTORY AND REQUEST FORM FOR BLOOD CYTOGENETIC ANALYSIS

Patient Name: _____
Address: _____
Phone: _____

Date of Birth: _____
Race: _____
Sex: _____

Requesting Physician: _____

Phone: _____

Billing Information: _____
Address: _____

Phone: _____
FAX: _____

Reason for studies: _____

Family history of a chromosome anomaly? Yes No (If yes, please provide the information below.)

Who was tested? _____

What was the result? _____

Where were they studied? _____

Type of specimen: _____

Collected: Date: _____
Time: _____

Studies requested

Studies requested	
<p><u>Chromosome analysis</u></p> <p>_____ Routine chromosome analysis</p> <p>_____ HRB chromosome analysis</p>	<p><u>FISH analysis</u></p> <p>_____ Rapid Aneuscreen (X,Y,13,18,21)</p> <p>_____ X/Y (Sex chromosomes)</p> <p>_____ Angelman</p> <p>_____ Cri-du-Chat</p> <p>_____ DiGeorge</p> <p>_____ Kallman</p> <p>_____ Miller-Dieker</p> <p>_____ NF1</p> <p>_____ Steroid Sulfatase Deficiency</p>
<p><u>Microarray CGH analysis</u></p> <p>_____ aCGH+SNP analysis</p> <p>[Also called Microarray CGH or chromosomal microarray]</p>	<p>_____ Prader-Willi</p> <p>_____ Smith-Magenis</p> <p>_____ SRY</p> <p>_____ Williams</p> <p>_____ Wolf-Hirschhorn</p> <p>_____ XIST</p> <p>_____ RP11- _____</p> <p>Indicate which RP11 probe is needed for family studies</p>

- >Blood specimens for chromosomes and/or FISH studies (5-6cc) should be sent in a **Sodium heparinized vacutainer**.
- If aCGH is requested, an additional lavender EDTA tube with 5-6 cc is needed.
- >Specimens collected in lithium heparin or EDTA cannot be used for chromosome analysis.
- >Specimens should be transported **as soon as possible** at room temperature.