



GENETICS LABORATORIES TEST REQUEST

CYTOGENETICS: TEL: (727) 767-8559
FAX: (727) 767-8367
PAGER: (727) 571-8716 In House: 0327

MOLECULAR GENETICS: TEL: (727) 767-8985
FAX: (727) 767-8367
PAGER: (727) 402-0425 In House: 0578

BIOCHEMICAL GENETICS: TEL: (727) 767-8689
FAX: (727) 767-8514
PAGER: (727) 516-9442 In House: 0463

Patient (last, first):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Client Name:
Address:	Ethnic origin:	Address:
City/State/Zip:	Pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N	City/State/Zip:
Home Phone:	Transfused? <input type="checkbox"/> Y <input type="checkbox"/> N	Phone: Fax:
Date of Birth (MM/DD/YY):	Med. Rec.#	Ref. Phys:

CLINICAL INDICATIONS/FAMILY HISTORY (attach pedigree, if appropriate)

DIAGNOSTIC CODE(S):

Please Check Test Mnemonic

* Please Inquire: 727-767-8559

** Please Inquire: 727-767-8985

<p>CHROMOSOME MICROARRAY ANALYSIS (CMA) array COMPARATIVE GENOMIC HYBRIDIZATION BLOOD: 4cc sod hep (green) + 4cc EDTA (lav) CMA <input type="checkbox"/> CGH Microarray Constitutional CMAO <input type="checkbox"/> CGH Microarray Oncology</p> <p>CYTOGENETICS KARYOTYPE / CHROMOSOME ANALYSIS BLOOD: 3cc sodium heparin (green)</p> <p>CS <input type="checkbox"/> Routine Chromosomes CS <input type="checkbox"/> High Resolution (specify chromosome) CS <input type="checkbox"/> Neonatal Chromosomes <input type="checkbox"/> STAT CS <input type="checkbox"/> Mosaic Chromosome Study CS <input type="checkbox"/> Skin <input type="checkbox"/> Autopsy <input type="checkbox"/> Other 3x3 mm² in Sterile Media <input type="checkbox"/> Chromosomes <input type="checkbox"/> Cryopreservation <input type="checkbox"/> Send out testing for: _____</p> <p>CANCER CYTOGENETICS KARYOTYPE / CHROMOSOME ANALYSIS BONE MARROW/BLOOD: 3cc sod hep (green)</p> <p>CSO <input type="checkbox"/> Bone Marrow Chromosomes CSO <input type="checkbox"/> Leukemic Blood Chromosomes CSO <input type="checkbox"/> Solid Tumor 3x3 mm² in Sterile Media CSO <input type="checkbox"/> Lymphoma 3x3 mm² in Sterile Media</p> <p>CYTOGENETICS + FISH KARYOTYPE / CHROMOSOME + FISH ANALYSIS BLOOD: 3cc sodium heparin (green)</p> <p>CS <input type="checkbox"/> 1p36 deletion Syndrome CS <input type="checkbox"/> Ambiguous genitalia Sex XX / XY CS <input type="checkbox"/> Angelman Syndrome 15q CS <input type="checkbox"/> Cri du Chat 5p CS <input type="checkbox"/> DiGeorge/VCF Syndrome 22q CS <input type="checkbox"/> Kallman Xp CS <input type="checkbox"/> Miller Dieker 17p CS <input type="checkbox"/> Multicolor M-FISH CS <input type="checkbox"/> Neurofibromatosis (NF1) 17q CS <input type="checkbox"/> Prader-Willi CS <input type="checkbox"/> Smith Magenis 17p CS <input type="checkbox"/> Sotos 5q CS <input type="checkbox"/> SRY Yp Male determination CS <input type="checkbox"/> Steroid Sulfatase Xp CS <input type="checkbox"/> Telomere Panel all chromosomes CS <input type="checkbox"/> Trisomy 13 <input type="checkbox"/> Trisomy 18 <input type="checkbox"/> Trisomy 21 CS <input type="checkbox"/> Williams 7q CS <input type="checkbox"/> Wolf-Hirschhorn 4p CS <input type="checkbox"/> Other FISH: inquire*</p>	<p>BONE MARROW TRANSPLANTATION FISH: BM/BLOOD: 3cc sodium heparin (green)</p> <p>CS <input type="checkbox"/> Post BMT XX/XY by FISH</p> <p>DNA: BM/BLOOD: 0.5cc EDTA (lavender)</p> <p>BMD <input type="checkbox"/> Donor Specimen STRPRE <input type="checkbox"/> Pre Transplant Recipient STRPOST <input type="checkbox"/> Post Transplant Recipient</p> <p>BLOOD: 8.5 cc ACD (yellow) BONE MARROW: 1cc ACD (yellow)</p> <p>STRPOST1 <input type="checkbox"/> Post-Trans, Lineage-Specific Specify lineage: <input type="checkbox"/> T-cell <input type="checkbox"/> B-cell <input type="checkbox"/> Myeloid <input type="checkbox"/> NK cell <input type="checkbox"/> Lymphoid</p> <p>MOLECULAR GENETICS (DNA ANALYSIS) BLOOD: 2cc EDTA (lav) (0.5cc min – infants) AMNIO / BONE MARROW / TISSUE / OTHER PLEASE INQUIRE</p> <p>FGFR3 <input type="checkbox"/> Achondroplasia/Hypochondroplasia TBX19 <input type="checkbox"/> Adrenal Insufficiency NR0B1 <input type="checkbox"/> Adrenal hypoplasia (aka DAX1) AR <input type="checkbox"/> Androgen Insensitivity Syndrome UBE3A <input type="checkbox"/> Angelman Syndrome (sequencing) ANG <input type="checkbox"/> Angelman Syndrome (methylation)** APOB1 <input type="checkbox"/> Hypercholesterolemia, type B PTEN <input type="checkbox"/> Autism/Microcephaly/PHTS BTK <input type="checkbox"/> Bruton's Agammaglobulinemia PPT1 <input type="checkbox"/> Batten Disease, Ceroid Lipofuscinosis CX26 <input type="checkbox"/> Deafness, Autosomal Recessive 1A DBANK <input type="checkbox"/> DNA Preparation/Banking DYT1 <input type="checkbox"/> Dystonia (spec mut) FAC5M3 <input type="checkbox"/> Factor V Leiden (R506Q mut only) FX <input type="checkbox"/> Fragile X Syndrome (no FISH) ACTHR <input type="checkbox"/> Glucocorticoid Def (aka MC2R) RET <input type="checkbox"/> Hirschprung Disease (entire) HUNT <input type="checkbox"/> Huntington Disease MTHFR <input type="checkbox"/> Homocysteinuria (entire) TACR3 <input type="checkbox"/> Hypogonadotropic Hypogonadism PAX8 <input type="checkbox"/> Hypothyroidism, Nongoiterous LHCGR <input type="checkbox"/> Leydig Cell Hypoplasia (exon 11) MCC <input type="checkbox"/> Maternal Cell Contamination MBL <input type="checkbox"/> Mannan Binding Ligand MASP2 <input type="checkbox"/> MBL Serine Protease Def (ex 3) SLC19A2 <input type="checkbox"/> Megaloblastic anemia, Rogers</p>	<p>MOLECULAR GENETICS (continued)</p> <p>RET <input type="checkbox"/> MEN IIA, IIB, FMTC (sel mut) MTM1 <input type="checkbox"/> Myotubular Myopathy, X-linked PPT1 <input type="checkbox"/> Neuronal Ceroid Lipofuscinosis MC4R <input type="checkbox"/> Obesity, Inherited PAR <input type="checkbox"/> Paternity or Zygosity Analysis** GHR <input type="checkbox"/> Pituitary Dwarfism II, Laron Syn. LHX3 <input type="checkbox"/> Pituitary Dwarfism III (ex 1,2,3) LHX4 <input type="checkbox"/> Pituitary Short Stature PROP1 <input type="checkbox"/> Pituitary Hormone Deficiency PIT1 <input type="checkbox"/> Pituitary Horm Def (aka POU1F1) PWD <input type="checkbox"/> Prader-Willi Syn (methylation)** LHR <input type="checkbox"/> Precocious Puberty PGM <input type="checkbox"/> Prothrombin (FII, G20210A mut) MECP2 <input type="checkbox"/> Rett Syndrome PITX2 <input type="checkbox"/> Rieger Syndrome CYP19A1 <input type="checkbox"/> Pseudohermaphroditism HSD17B3 <input type="checkbox"/> Pseudohermaphroditism HESX1 <input type="checkbox"/> Septo-optic dysplasia SRY <input type="checkbox"/> Sex reversal, Gonadal Dys. SRD5A2 <input type="checkbox"/> Steroid 5-alpha Reductase def MTHFR <input type="checkbox"/> Thrombosis (C677T) MTHFR <input type="checkbox"/> Thrombosis (A1298C) THRβ <input type="checkbox"/> Thyroid Hormone Resistance UPD <input type="checkbox"/> UPD** (3,6,7,14,15,18) VWF28 <input type="checkbox"/> von Willebrand Disease (ex 28) Other** <input type="checkbox"/> _____</p> <p>BIOCHEMICAL GENETICS BLOOD: 3cc red or green URINE: 2cc urine (random or 24 hour) FILTER CARD: 4 spots CSF: 1cc</p> <p>AAQCSF <input type="checkbox"/> Amino Acids, Quant CSF AAQS <input type="checkbox"/> Amino Acids, Quant BLOOD AAQU <input type="checkbox"/> Amino Acids, Quant URINE AASCSF <input type="checkbox"/> Amino Acid Screen CSF AASS <input type="checkbox"/> Amino Acid Screen BLOOD AASU <input type="checkbox"/> Amino Acid Screen URINE CARNS <input type="checkbox"/> Carnitine, Free & Total BLOOD CARNU <input type="checkbox"/> Carnitine, Free & Total URINE MPS <input type="checkbox"/> Mucopolysaccharide Scn URINE OASU <input type="checkbox"/> Organic Acid Screen URINE PKU <input type="checkbox"/> PKU BLOOD or CARD PKUTYR <input type="checkbox"/> PKU w/ Tyrosine BLOOD or CARD</p>
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SPECIMEN COLLECTION: DATE/TIME _____ DRAWN BY: _____ FORM COMPLETED BY: _____
 CLIA ID: 10D0700790 SHIP TO: Dept. of Pathology and Laboratory Medicine
 CAP: 153609-01 Clinical Genetic Laboratories, Dept. 7020 PATIENT ID:
 FLA LIC: L800000135 All Children's Hospital
 601 Fifth Street South
 St. Petersburg, Florida 33701

PHYSICIAN SIGNATURE _____ DATE/TIME: _____
 ACH# 7702301 REV. 01-11 GENETICS LABORATORIES TEST REQUEST DISTRIBUTION: WHITE-ORDERING UNIT; YELLOW-LAB