Please specify:

□ Trisomy 21 □ Mental retardation □ Turner syndrome □ Multiple fetal loss
□ Trisomy 18 □ Developmental delay □ Klinefelter syndrome □ Infertility
□ Trisomy 13 □ Dysmorphic features □ XYY syndrome □ Ambiguous genitalia
□ Fetal demise □ Failure to thrive □ XXX syndrome □ MCA
□ Family history of chromosome abnormality (explain):

□ Other:

Clinical Indication or Reason for Cytogenetic Testing

Specimen Information

□ Peripheral blood
□ Skin □ POC
□ Other (indicate type):

Collection date: __________

Collection time: __________

Cytogenetic Testing Requested (must be completed to avoid delays in processing)

Conventional Chromosome Analyses
(Karyotyping)

□ Routine/Conventional chromosome study

□ Other

Please specify: __________________________

□ Cell line buildup for additional and/or outside studies

Please specify: __________________________

FISH Analyses
All requests for FISH analysis must include a routine chromosome study.

□ 22q11.2 - DiGeorge/VCF syndromes
□ Yp11.3 - SRY □ X/Y

Other: __________________________

(inquire on availability)

Note: Metaphase FISH testing previously offered for microdeletion and/or microduplication syndromes is now facilitated by comparative genomic hybridization microarray (aCGH) testing methods.

A CGH+SNP microarray is the current in-house aCGH platform recommended for congenital applications and can be ordered by utilizing a separate requisition form available on our website or by calling 352.265.9900.

Insurance/Billing Information (must be completed prior to sample processing)

Insurance provider: __________________________

Preauthorization required?: □ Yes □ No

If yes, provide the authorization number: __________________________