THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Department of Genetics
Cytogenetics Laboratory
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Birmingham, Alabama 35294-0024
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12/20/16

Medical Record # ____________________

PRENATAL STUDY REQUEST FORM

Patient Name: ______________________ Date of Birth: ______________

Address: ______________________ Race: ______________

______________________ Sex: ______________

Phone: ( ) ______________________

Requesting Physician: ______________________ Phone: ( ) ______________

Fax: ( ) ______________

Billing Information: ______________________ Phone: ______________

Address: ______________________ FAX: ______________

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Insurance Company: ______________________ Policy No: ______________

Group No: ______________

Gestational age: ______________________

Reason for study: ______________________

Type of specimen: ______________________ (i.e. amniotic fluid, CVS, fetal urine, hygroma fluid)

Specimen collected: Date: ______________

Time: ______________

Studies requested

Chromosome analysis: ______________

FISH Rapid Aneuploidy Screen: ______________ [Screens for numerical abnormalities of chromosomes X,Y,13,18, and 21]

aCGH+SNP analysis: ______________

Please call (205) 934-9570 if you have any questions.