THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

**Department of Genetics**
**Cytogenetics Laboratory**
**720 20th Street South, Room 314**
**Birmingham, Alabama 35294-0024**
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Medical Record # _____

# PATIENT HISTORY AND REQUEST FORM FOR BLOOD CYTOGENETIC ANALYSIS

Patient Name: _____ Date of Birth: _____

Address: _____ Race: _____

_____ Sex: _____

Phone: _____

Requesting Physician: _____ Phone: _____

Billing Information: _____ Phone: _____

Address: _____ 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**

_____ Routine chromosome analysis

_____ HRB chromosome analysis

_____ aCGH+SNP analysis

**FISH**

_____ Rapid Aneuscreen (X,Y,13,18,21)

_____ X/Y (Sex chromosomes)

_____ Angelman

_____ Cri-du-Chat

_____ DiGeorge

_____ Kallman

_____ Miller-Dieker

_____ Steroid Sulfatase Deficiency

_____ Prader-Willi

_____ Smith-Magenis

_____ SRY

_____ Williams

_____ Wolf-Hirschhorn

_____ RP11- _____ (Indicate which RP11 probe)

**Blood specimens for chromosomes and/or FISH studies (5-6cc) should be sent in a Sodium heparinized vacutainer. If aCGH is requested, an additional lavendar 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.**