



GENETICS LABORATORIES TEST REQUEST

CYTOGENETICS: TEL: (727) 767-8559
FAX: (727) 767-8514
PAGER: (727) 571-8716 In House: 327

MOLECULAR GENETICS: TEL: (727) 767-8985
FAX: (727) 767-8367
PAGER: (727) 402-0425 In House: 578

BIOCHEMICAL GENETICS: TEL: (727) 767-8689
FAX: (727) 767-8514
PAGER: (727) 516-9442 In House: 463

Patient:	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: SS#:	Med. Rec.#	Ref. Phys:

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

DIAGNOSTIC CODE(S):

Please Check Test Mnemonic

* Please Inquire: 727-767-8559

** Other Family Members Required: Inquire: 727-767-8985

<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"/> Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Collect STAT <input type="checkbox"/> Run STAT</p> <p>CS <input type="checkbox"/> Mosaic Chromosome Study CS <input type="checkbox"/> Breakage Study <input type="checkbox"/> Ataxia Telangiectasia <input type="checkbox"/> Fanconi Anemia <input type="checkbox"/> Other *</p> <p>SOLID TISSUE: 3x3 mm² in Sterile Media CS <input type="checkbox"/> Skin <input type="checkbox"/> Autopsy <input type="checkbox"/> POC <input type="checkbox"/> Other * <input type="checkbox"/> Chromosome analysis <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>CS <input type="checkbox"/> Bone Marrow Chromosomes CS <input type="checkbox"/> Leukemic Blood Chromosomes TUMOR: 3x3 mm² in Sterile Media CS <input type="checkbox"/> Solid Tumor <input type="checkbox"/> Lymphoma</p> <p>FISH AND CYTOGENETICS FISH ANALYSIS + KARYOTYPE / CHROMOSOME BLOOD: 3cc sodium heparin (green)</p> <p>CS <input type="checkbox"/> DiGeorge/VCF Syndrome (22q11.2) CS <input type="checkbox"/> Telomere Panel (sub-telomeres) CS <input type="checkbox"/> X/Y <input type="checkbox"/> SRY Sex Determination CS <input type="checkbox"/> FISH microdeletion syndromes (select): 1p36 deletion; Cri du Chat; Kallman; Miller-Dieker; Smith Magenis; Sotos; Steroid Sulfatase; Williams; Wolf-Hirschhorn CS <input type="checkbox"/> FISH aneuploidy: Trisomy 13, 18, 21 CS <input type="checkbox"/> Multicolor M-FISH (other FISH enquire*)</p> <p>CHROMOSOME MICROARRAY ANALYSIS (CMA) array COMPARATIVE GENOMIC HYBRIDIZATION BLOOD: 4cc sod hep (green) + 4cc EDTA (lav) CMA <input type="checkbox"/> array CGH</p>	<p>COMBINED CYTOGENET & MOLECULAR DNA + CHROMOSOME + FISH (except Fragile X) BLOOD: 3cc sod hep (green) + 3cc EDTA (lav)</p> <p>ANS <input type="checkbox"/> Angelman Syndrome (15q11.2) FX <input type="checkbox"/> Fragile X Syndrome (no FISH) PW <input type="checkbox"/> Prader-Willi Syndrome (15q11.2)</p> <p>BONE MARROW TRANSPLANTATION FISH: BM/BLOOD: 3cc sodium heparin (green)</p> <p>CS <input type="checkbox"/> Post BMT XX/XY by FISH 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 DNA, Lineage specific (T-cell, B-cell, Myeloid, NK): BLOOD: 10 cc ACD (yellow) STRPOST1 <input type="checkbox"/> Post-Trans, Lineage-specific</p> <p>MOLECULAR GENETICS DNA ANALYSIS BLOOD: 3cc EDTA (lav) (0.5cc minimum - infants)</p> <p>FGFR3 <input type="checkbox"/> Achondroplasia/Hypochondroplasia TBX19 <input type="checkbox"/> Adrenal Insufficiency AR <input type="checkbox"/> Androgen Insensitivity UBE3A <input type="checkbox"/> Angelman Syndrome (sequencing) ANG <input type="checkbox"/> Angelman Syndrome (UPD 15)** NR0B1 <input type="checkbox"/> Adrenal Hypoplasia (aka DAX1) BTK <input type="checkbox"/> Bruton's Agammaglobulinemia DBANK <input type="checkbox"/> DNA Preparation/Banking DYT1 <input type="checkbox"/> Dystonia FAC5M3 <input type="checkbox"/> Factor V Leiden (R506Q mut only) FLT3 <input type="checkbox"/> FMS-related Tyrosine Kinase ACTHR <input type="checkbox"/> Glucocorticoid Def (aka MC2R) RET <input type="checkbox"/> Hirschprung Disease HUNT <input type="checkbox"/> Huntington Disease FOX1 <input type="checkbox"/> Hypothyroidism, Congenital PAX8 <input type="checkbox"/> Hypothyroidism, Congenital MBL <input type="checkbox"/> Mannan Binding Ligand MTHFR <input type="checkbox"/> Methylene tetrahydrofolate reductase (C677T mut only) SLC19A2 <input type="checkbox"/> Megaloblastic anemia MEN <input type="checkbox"/> Multiple Endocrine Neoplasia, Types 2A, 2B, FMTC</p>	<p>MOLECULAR GENETICS (continued) DNA ANALYSIS</p> <p>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 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 (UPD15)** LHR <input type="checkbox"/> Precocious Puberty PGM <input type="checkbox"/> Prothrombin (G20210A mut only) MECP2 <input type="checkbox"/> Rett Syndrome PITX2 <input type="checkbox"/> Rieger Syndrome CYP19A1 <input type="checkbox"/> Pseudohermaphroditism HSD17B3 <input type="checkbox"/> Pseudohermaphroditism RSS <input type="checkbox"/> Russell-Silver Syndrome HESX1 <input type="checkbox"/> Septo-optic Dysplasia SRY <input type="checkbox"/> Sex Reversal, gonadal dysgen. THRB <input type="checkbox"/> Thyroid Hormone Resistance VWF28 <input type="checkbox"/> von Willebrand Dis (exon 28) PARA <input type="checkbox"/> Zygosity (Twin) Analysis** UDNA <input type="checkbox"/> Unspecified DNA Analysis**</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>
--	--	---

SPECIMEN COLLECTION: DATE/TIME: _____ DRAWN BY: _____ FORM COMPLETED BY: _____

CLIA ID: 10D0700790
CAP: 153609-01
FLA LIC: L800000135

SHIP TO: Dept. of Pathology and Laboratory Medicine
Clinical Genetic Laboratories, Dept. 7020
All Children's Hospital, 801 Sixth Street South
St. Petersburg, Florida 33701

PATIENT ID

PHYSICIAN SIGNATURE: _____ DATE/TIME: _____
ACH# 7702301 REV. 03-08 GENETICS LABORATORIES TEST REQUEST DISTRIBUTION: WHITE-ORDERING UNIT; YELLOW-LAB