



GENETICS LABORATORIES TEST REQUEST

CYTOGENETICS
T: 727-767-8559
F: 727-767-8367

MOLECULAR GENETICS
T: 727-767-8985
F: 727-767-8367

BIOCHEMICAL GENETICS
T: 727-767-8689
F: 727-767-8514

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.#	Referring Physician:

Clinical Indications / Family History (attach pedigree, if appropriate):

DIAGNOSTIC CODE(S):

<p>CONSTITUTIONAL CHROMOSOME MICROARRAY ANALYSIS (CMA) BLOOD: 4cc sod hep (green) + 4cc EDTA (lav) CMA <input type="checkbox"/> Microarray Constitutional</p> <p>CONSTITUTIONAL CYTOGENETICS KARYOTYPE / CHROMOSOME ANALYSIS BLOOD: 3cc sodium heparin (green) 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>ONCOLOGY CHROMOSOME MICROARRAY ANALYSIS (CMAO) BM/BLOOD: 2cc sod hep (green) + 2cc EDTA (lav) CMAO <input type="checkbox"/> Microarray Oncology</p> <p>ONCOLOGY CYTOGENETICS KARYOTYPE / CHROMOSOME ANALYSIS BM/BLOOD: 3cc sod hep (green) 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) 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"/> 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"/> 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 MONITORING FISH: BM/BLOOD: 3cc sodium heparin (green) CS <input type="checkbox"/> Post BMT XX/XY by FISH STR ANALYSIS BM/BLOOD: 0.5cc EDTA (lavender) BMD <input type="checkbox"/> Donor Specimen STRPRE <input type="checkbox"/> Pre Transplant Recipient STRPOST <input type="checkbox"/> Post Transplant Recipient</p> <p>LINEAGE SPECIFIC STR ANALYSIS: BLOOD: 8.5 cc ACD (yellow), BM: 1cc ACD (yellow) STRPOST1 <input type="checkbox"/> Post-Trans, Lineage-Specific <input type="checkbox"/> T-cell <input type="checkbox"/> B-cell <input type="checkbox"/> Myeloid <input type="checkbox"/> NK <input type="checkbox"/> Lymphoid <input type="checkbox"/> RBC</p> <p>MOLECULAR GENETICS BLOOD: 2cc EDTA (lav) (0.5cc min - infants) AMNIO / BM / BUCCAL / TISSUE (Inquire) * = include parents</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 Syn (methylation)* PTEN <input type="checkbox"/> Autism/Microcephaly/PHTS FOXE1 <input type="checkbox"/> Bamforth-Lazarus Syndrome BWS <input type="checkbox"/> Beckwith-wiedemann (methylation) BTK <input type="checkbox"/> Bruton's Agammaglobulinemia PPT1 <input type="checkbox"/> Batten Disease, Ceroid Lipofucinoses TPP1 <input type="checkbox"/> Batten Disease, Ceroid Lipofucinoses CHSP <input type="checkbox"/> Cancer Hotspot Panel (50 genes) CX26 <input type="checkbox"/> Deafness, Autosomal Recessive 1A CX30 <input type="checkbox"/> Deafness (del/dup) DMD <input type="checkbox"/> Dytrophinopathies (del/dup) DBANK <input type="checkbox"/> DNA Preparation/Banking DYT1 <input type="checkbox"/> Dystonia (hotspots) 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 HFE <input type="checkbox"/> Hemochromatosis (entire) TACR3 <input type="checkbox"/> Hypogonadotropic Hypogonadism PAX8 <input type="checkbox"/> Hypothyroidism, Nongoiterous LHCGR <input type="checkbox"/> Leydig Cell Hypoplasia (aka LHR) MBL <input type="checkbox"/> Mannan Binding Ligand Genotype</p>	<p>MOLECULAR GENETICS (continued) MCC <input type="checkbox"/> Maternal Cell Contamination SLC19A2 <input type="checkbox"/> Megaloblastic anemia, Rogers RET <input type="checkbox"/> MEN IIA, IIB, FMTC (hotspots) MTM1 <input type="checkbox"/> Myotubular Myopathy, X-linked PPT1 <input type="checkbox"/> Neuronal Ceroid Lipofucinoses MC4R <input type="checkbox"/> Obesity, Inherited PAR <input type="checkbox"/> Paternity / Zygosity* GHR <input type="checkbox"/> Pituitary Dwarfism II, Laron Synd. 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 (methylation)* PGM <input type="checkbox"/> Prothrombin (FII, G20210A mut) MECP2 <input type="checkbox"/> Rett Syndrome (sequencing) MECP2 <input type="checkbox"/> Rett Syndrome (del/dup) 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. SMA <input type="checkbox"/> Spinal Muscular Atrophy (del/dup) SRD5A2 <input type="checkbox"/> Steroid 5-alpha Reductase Def. MTHFR <input type="checkbox"/> Thrombosis (C677T, A1298C) MTHFR <input type="checkbox"/> Thromb., Homocystinuria (entire) THR3 <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 Store and Ship All Fluids Refrigerated (Cold Pack)</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, FLA LIC: L800000135, CAP: 153609-01

UNLESS OTHERWISE SPECIFIED - SHIP AT ROOM TEMP TO:

All Children's Hospital, 601 Fifth Street South, St. Petersburg FL, 33701

ATTN: Pathology and Laboratory Medicine, Clinical Genetic Laboratories, Dept.7020

PHYSICIAN SIGNATURE: _____

DATE: _____

ACH# 7702301 REV 04/17/2013 GENETICS LABORATORIES TEST REQUEST DISTRIBUTION: WHITE-ORDERING UNIT; YELLOW-LAB

Patient ID