Colorado Genetics Laboratory

## PRENATAL / PREGNANCY LOSS / POSTNATAL

**TEST REQUEST FORM** 

Revised October 2021

12705 E. Montview Blvd., Suite 400 Aurora, Colorado 80045 (303) 724-5701 (888) 659-4932 Toll Free (303) 724-5795 Fax

www.coloradogeneticslab.com		Revised October 2021	(30	(303) 724-5795 Fax	
PATIENT INFORMATION					
Patient Last Name		First Name	Middle Initial	Sex: M F	
Date of Birth	Hospital/ID #		INPATIENT OU	TPATIENT	
REFERRED BY					
PHYSICIAN	FACILITY				
Address		Address			
Phone	FAX	Phone	FAX		
Email BILLING	Medicare will only pay for tests	that meet Medicare coverage criteria, a	nd are reasonable and necess	ary to	
	treat or diagnose an individual	patient, or claims may be denied (see NC	:D190.3).		
Bill charges to: Patie	•	Physician/Clinic *Attach bill EQUIRED FOR SPECIMEN PROCESSIN	ing injermation	gned waiver if microarray requested	
316113, 31101F 101013, L	JAGNOSIS, AND ICDID CODES IN				
SPECIMEN COLLECTI	ON				
Date Collected	Time	AM PM	Amount Collec	ted	
SPECIMEN INFORMA	ATION				
Gestation by U/S	LMP	G P SAB	TAB Fetal Sex: Ma	le M Female Unknown	
Twin/multiple gestation	n pregnancy? Yes No Pr	egnancy achieved using egg donor? Ye	es No Using	Sperm donor? Yes No	
Amniotic Fluid A	Npha-fetoprotein (reflex to ACHE)? Yes	<i>No</i> Chorionic villus	Percuta	neous umbilical blood	
Products of conce	ption Placenta Fetal tissue (sp	pecify):	Other (s	specify):	
POSTNATAL	Peripheral blood Cord blood	Skin biopsy Buccal/N	Nouth swab Other (s	specify):	
STUDIES REQUESTE	D				
Maternal cell contamination (MCC) testing, IF indicated maternal blood specimen required					
PRENATAL	For Current/Ongoing Pregnancy				
CHROMOSOMES:	Standard chromosome analysis	Standard chromosome	analysis; IF NORMAL→RE	FLEX to SNP microarray**	
FISH: STA	ISH: STAT trisomy screen by FISH & standard chromosome				
STAT trisomy screen by FISH; IF ABNORMAL → REFLEX to standard chromosome analysis; IF NORMAL → REFLEX to chromosomal SNP microarray** & 5-cell chromosome analysis					
FISI	H for (specify):		hromosome analysis	omosome analysis	
MICROARRAY (CMA):				y** & 5-cell chromosome analysis	
WICKOAKKAT (CIVIA).		ample, microarray & MCC may be perf		iy & 5-cell chi offiosoffie analysis	
PREGNANCY LOSS		umple, microurruy & wicc muy be perj			
CHROMOSOMES:	Standard chromosome analysis	Standard chromosome	analysis: IF NORMAL -> R	EFLEX to SNP microarray**	
	-	CULTURE FAILURE→ REFLEX to preg			
	Standard chromosome analysis; IF	CULTURE FAILURE→ REFLEX to chro	mosomal SNP microarray		
FISH: Pre	gnancy loss trisomy screen by FISH on p	paraffin embedded tissue			
FISH	H for (specify):	& standard ch	nromosome analysis		
MICROARRAY (CMA):	Chromosomal SNP microarray**	Chromosomal SNP mic	roarray** & 5-cell chromo	osome analysis	
POSTNATAL					
CHROMOSOMES:	Standard chromosome analysis	High resolution chrom	osome analysis		
FISH: STA	SH: STAT trisomy screen by FISH & standard chromosome analysis				
FISH	I for (specify):	& standard chromosome analysis (if not previously performed)			
MICROARRAY (CMA):	Chromosomal SNP microarray	Chromosomal SNP mic	croarray & 5-cell chromoso	ome analysis	
	Familial/Parental TARGETED CMA	Name of patient initially tested:		DOB:	
		Contact laboratory if patient/family	not previously tested by CG	L	
ADDITIONAL SERVICES Culture for molecular or biochemical studies -> Include Information for Referral Specimens form, signed waiver, and payment for shipping					
All tests include interpretation and report by board-certified PhD cytogeneticist unless checked here Microarray consent, specimen requirements, Information for Referral Specimens, and waiver forms all available online.					
	oundy consent, specimen requiremen	<del>кз, ту</del> онникон јог кејенти зрести	<del>lens, una walver jo<u>rnis</u> all</del>	avanuble onnine.	