

# Form C

Form available online at [www.paml.com](http://www.paml.com) (Forms and Brochures).

Phone: 509-434-1050

## Fluorescence In Situ Hybridization (FISH) Reflex Testing Constitutional Disorders

Fax : 509-747-2388

PATIENT NAME	BIRTH DATE	ACCESSION NUMBER
CLINICAL INDICATION	CYTOGENETIC RESULT	

**Testing: Check boxes for specific probes needed.**

Constitutional Diagnosis	FISH Probes	Locus
<input type="checkbox"/> Allagile Syndrome	<input type="checkbox"/> JAG1	20p11.23 deletion
<input type="checkbox"/> Angelman Syndrome	<input type="checkbox"/> UBE3A	15q11.2 deletion
<input type="checkbox"/> Beckwith-Wiedemann Syndrome	<input type="checkbox"/> IGF2	11p15.5 duplication
<input type="checkbox"/> CHARGE Syndrome	<input type="checkbox"/> CHD7 CHARGE, 668C3	8q12 deletion
<input type="checkbox"/> Congenital Diaphragmatic Hernia	<input type="checkbox"/> CDH1	15q26 micro-deletion
<input type="checkbox"/> Cri du Chat	<input type="checkbox"/> D5S23, D5S721	5p15.2 deletion
<input type="checkbox"/> DiGeorge / VCF Syndrome	<input type="checkbox"/> TUPLE 1 or D22S75	22q11.2 deletion
<input type="checkbox"/> 22q11.2 duplication Syndrome	<input type="checkbox"/> TUPLE 1 or D22S75	22q11.2 duplication
<input type="checkbox"/> Familial Adenomatous Polyposis/MR	<input type="checkbox"/> APC	5q22q31 deletion
<input type="checkbox"/> Kallman Syndrome	<input type="checkbox"/> KALL	Xp22.3 deletion
<input type="checkbox"/> Langer-Gideon/Multiple Exostosis 1 and 2	<input type="checkbox"/> EXT 1 <input type="checkbox"/> EXT 2	8q24.1 deletion 11p11.2 deletion
<input type="checkbox"/> Miller-Dieker Syndrome	<input type="checkbox"/> D17S379	17p13.3 deletion or duplication
<input type="checkbox"/> Neurofibromatosis, Type 1	<input type="checkbox"/> NF1	17q11.2 deletion
<input type="checkbox"/> Prader-Willi Syndrome	<input type="checkbox"/> SNRPN/CEP 15	15q11.2 deletion
<input type="checkbox"/> DUP15q11q13 Syndrome	<input type="checkbox"/> UBE3A	15q11q13 duplication
<input type="checkbox"/> Rubenstein-Taybi Syndrome	<input type="checkbox"/> CREBBP (CBP)	16p13.3 deletion
<input type="checkbox"/> Smith-Magenis Syndrome	<input type="checkbox"/> D17S25	17p11.2 deletion
<input type="checkbox"/> Soto's Syndrome	<input type="checkbox"/> NSD1	5q35 deletion
<input type="checkbox"/> 3q29 micro deletion Syndrome	<input type="checkbox"/> RP11 470E12	3q29 micro-deletion
<input type="checkbox"/> Trichorhinophalangeal, Type 1	<input type="checkbox"/> TRPS1	8q24.2 deletion
<input type="checkbox"/> Yp; Xp or Yp; autosome translocation	<input type="checkbox"/> SRY	Yp11.2
<input type="checkbox"/> Williams Syndrome	<input type="checkbox"/> ELN	7q11.23 deletion or duplication
<input type="checkbox"/> Wilm's Tumor / Aniridia (WAGR)	<input type="checkbox"/> WT1 <input type="checkbox"/> PAX6	WT1 (11p13) deletion PAX6 (11p13) deletion
<input type="checkbox"/> Wolf-Hirschorn Syndrome	<input type="checkbox"/> 4p16.3	4p16.3 deletion
<input type="checkbox"/> X-linked Ichthyosis (Steroid Sulfatase differentiation)	<input type="checkbox"/> STS (Steroid Sulfatase)	Xp22.3 deletion
<input type="checkbox"/> X inactivation center	<input type="checkbox"/> XIST	Xp13.2 deletion
<input type="checkbox"/> Subtelomeric rearrangement	<input type="checkbox"/>	
<input type="checkbox"/> Other recommended probe:		

**Please indicate the desired test(s) and fax your request back to the lab with a physician signature. An addendum report will be issued when the FISH analysis is complete.**

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Test Ordered By:	Phone:	Date:
Physician Signature:	CPT CODES TO BILL: 88291x _____ 88271x _____ 88273x _____ 88283x _____	