



PROVIDENCE HEALTH & SERVICES
CATHOLIC HEALTH INITIATIVES

(509) 755-8999 | (800) 349-8586
www.paml.com

Constitutional Genetic Requisition

Prenatal and Postnatal

Client Name: _____

Client Address: _____

Client Phone: _____

Acct Number: _____

Ordering Physician: _____

Patient (Last, First, Mi.)		
Sex	Date of Birth (mm/dd/yy)	Patient Phone #
Comments		Patient ID #
Guarantor (Last, First, Mi.) <i>Required if insurance or patient billing</i>		
Address		
City	State	Zip

Date of Collection (required)	Time:	Site	Fasting Status <input type="checkbox"/> Yes <input type="checkbox"/> No _____ hrs. p.p.
Preauthorization number:	CPT Codes & Units Authorized:		
Bill To: Please Circle	Patient	Dr. Hospital Clinic	Medicare Public Assistance Other (Specify Below) GHC
Patient SSN: _____			
Insurance Name <i>Required if insurance billing</i>			
Insurance Number(s)			
Group Number(s)		Employer	

NOTE: Preauthorization is required by most insurers for coverage. Lack of preauthorization could delay testing.

SPECIMEN SOURCE:

Peripheral Blood Products of Conception (Specify) _____

Amniotic Fluid Skin Biopsy Other _____

CYTOGENETIC TESTING:

- Chromosome Analysis (Karyotyping)
 - Routine Mosaicism High Resolution
- Chromosomal Microarray
 - Postnatal
 - Prenatal (*Maternal blood is required to perform Maternal Cell Contamination (MCCMA) studies for all prenatal samples.*)
- FISH
 - 22q11 deletion (DiGeorge / VCFS)
 - Angelman
 - Prader-Willi
 - Smith-Magenis
 - Williams Syndrome
 - Prenatal Aneuploidy Screen , Amniotic fluid (X,Y,13,21,18)
 - Other FISH: _____

(See www.paml.com for extended FISH menu)
- Special Test Requests _____

MOLECULAR TESTING:

- Cystic Fibrosis*
 - Fragile X*
 - Prader-Willi/Angelman Syndrome Methylation
 - Connexin 26 with reflex
 - Rett Syndrome (MECP2 DNA Analysis)
 - Spinal Muscular Atrophy*
 - Maternal Cell Contamination
- * *Prenatal testing available (Maternal blood is required to perform Maternal Cell Contamination (MCCMA) studies for all prenatal samples.)*

AMNIOTIC FLUIDS / POC / TISSUE:

- Additional information required.*
- Gestational Age: _____ Twin Pregnancy By LMP
 By Ultrasound
- AFAFP - AFP, Amniotic Fluid
 - ACHE - Acetylcholinesterase, Amniotic Fluid
 - Grow cells for additional / special testing:
(Please provide special test detail)

CLINICAL INDICATION: (Samples cannot be processed without this)

POSTNATAL (check all that apply)

<input type="checkbox"/> Congenital anomaly	<input type="checkbox"/> Primary amenorrhea
<input type="checkbox"/> Known or suspected syndrome	<input type="checkbox"/> Spontaneous pregnancy loss
<input type="checkbox"/> Parental follow-up study	<input type="checkbox"/> Infertility
<input type="checkbox"/> Autism	<input type="checkbox"/> Failure to thrive
<input type="checkbox"/> Developmental delay/intellectual disability	<input type="checkbox"/> Short stature
Other: _____	<input type="checkbox"/> Hypotonia
	<input type="checkbox"/> Deafness
	<input type="checkbox"/> Family history

PRENATAL (check all that apply)

<input type="checkbox"/> Advanced maternal age	<input type="checkbox"/> Abnormal maternal serum screen Risk _____
<input type="checkbox"/> Abnormal ultrasound findings: _____	<input type="checkbox"/> Prior child with chromosome anomaly (list) _____
<input type="checkbox"/> Family history of chromosome anomaly (list) _____	
Other: _____	

Diagnosis / ICD9 Codes: _____

Specimen Requirements

Specimen Type	Tests Ordered					
	Chromosome Analysis	FISH Aneuploidy Screen	FISH	Microarray *See additional requirements	**Maternal Cell Contamination (MCC)	Molecular Tests
Amniotic Fluid	15-20 mls Sterile screw top centrifuge tube	3-5 mls Sterile screw top centrifuge tube	Share Cytogenetics specimen	Share Cytogenetics specimen		15-20 mls of Amniotic Fluid or Cultured Amniocytes, 2-T25 Flasks
Peripheral Blood	2-5 ml	N/A	2-5 ml	5-10 ml	5ml	5ml
	Sodium heparin	N/A	Sodium heparin	EDTA	EDTA	EDTA
POC (Fresh)	Tissue transport media, PAML Supply item #1732	Tissue transport media, PAML Supply item #1732	Tissue transport media, PAML Supply item #1732	Tissue transport media, PAML Supply item #1732		
POC (FFPE)		Formalin-fixed, paraffin embedded POC; slides cut at 4 microns.				
Skin Biopsy	5mm ³ in tissue transport media, PAML Supply item #1732	5mm ³ in tissue transport media, PAML Supply item #1732		5-10mm ³ in tissue transport media, PAML Supply item #1732		

* Pediatric microarray tests should be sent with both EDTA and Sodium Heparin tubes. The sodium heparin tube will be used for further FISH and meta-phase cytogenetic analysis if needed.

** For prenatal microarray, the testing should be accompanied by a maternal blood sample. MCC will be ruled-out before the microarray is performed.