



# Fluorescent in Situ Hybridization (FISH) REFLEX TESTING

CONSTITUTIONAL DISORDERS

**Sacred Heart Cytogenetics Laboratory**  
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**PAML**  
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<b>PATIENT NAME / ACCESSION NUMBER</b>
<b>CLINICAL INDICATION / CYTOGENETIC RESULT</b>
Fluorescent in situ hybridization (FISH) analysis with DNA probes can be performed to evaluate this specimen further for the anomaly in question. FISH is considered an important adjunct technique, and when used in conjunction with classical cytogenetic analysis in certain clinical situations, can yield additional important information. If you feel that additional FISH is clinically indicated, please indicate the considered diagnosis and the probe(s) desired. There is an additional charge for this test.

Considered Diagnosis	FISH Probes
<input type="checkbox"/> Allagile syndrome	<input type="checkbox"/> JAG1
<input type="checkbox"/> Angelman syndrome	<input type="checkbox"/> UBE3A/CEP 15
<input type="checkbox"/> Beckwith-Wiedemann syndrome	<input type="checkbox"/> IGF2
<input type="checkbox"/> CHARGE syndrome	<input type="checkbox"/> CHD7
<input type="checkbox"/> Congenital diaphragmatic hernia	<input type="checkbox"/> DIH1
<input type="checkbox"/> Cri du chat	<input type="checkbox"/> D5S23
<input type="checkbox"/> DiGeorge/VCF syndrome	<input type="checkbox"/> TUPLE 1 or D22S75
<input type="checkbox"/> Familial adenomatous polyposis/MR	<input type="checkbox"/> APC
<input type="checkbox"/> Kallman syndrome	<input type="checkbox"/> KALL
<input type="checkbox"/> Langer-Gideon/multiple exostosis 1 and 2	<input type="checkbox"/> EXT 1 and 2
<input type="checkbox"/> Miller-Dieker syndrome	<input type="checkbox"/> D17S379
<input type="checkbox"/> Neurofibromatosis, type 1	<input type="checkbox"/> NF1
<input type="checkbox"/> Prader-Willi syndrome	<input type="checkbox"/> SNRPN/CEP 15
<input type="checkbox"/> Rubenstein-Taybi syndrome	<input type="checkbox"/> CREBBP
<input type="checkbox"/> Smith-Magenis syndrome	<input type="checkbox"/> D17S25
<input type="checkbox"/> Soto's syndrome	<input type="checkbox"/> NSD1
<input type="checkbox"/> 3q29 microdeletion syndrome	<input type="checkbox"/> RP11 470E12
<input type="checkbox"/> Trichorhinophalangeal, type 1	<input type="checkbox"/> TRPS
<input type="checkbox"/> Yp;Xp or Yp;autosome translocation	<input type="checkbox"/> SRY
<input type="checkbox"/> Williams syndrome	<input type="checkbox"/> ELN
<input type="checkbox"/> Wilm's tumor/aniridia (WAGR)	<input type="checkbox"/> WT1
<input type="checkbox"/> Wolf-Hirschorn syndrome	<input type="checkbox"/> 4p16.3
<input type="checkbox"/> X-linked ichthyosis	<input type="checkbox"/> STS
<input type="checkbox"/> X inactivation center	<input type="checkbox"/> XIST
<input type="checkbox"/> DUP15q11q13 syndrome	<input type="checkbox"/> UBE3A
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

<b>Please indicate the desired test(s) and fax your request back to the lab with a physician signature.</b> <b>An addendum report will be issued when the FISH analysis is complete.</b>	
<b>TESTS ORDERED BY:</b>	<b>DATE:</b>
<b>CPT CODES TO BE BILLED FOR THIS TEST:</b>	
88291 × 1, 88271 × _____, 88273 × _____, 88283 × _____	