المركز الوطني للسكري والغدد الصم والوراثة
National Center for Diabetes, Endocrinology and Genetics

NCDEG Sample No.

_____

Confidential

Cytogenetics Request Form

Patient Information:

Name (4 parts):_____ ☐ Male ☐ Female ☐ Unknown/Date of Birth: ___/___/___

Ethnic Origin /City: _____ Country _____ Address/City: _____ Country: _____

1st Phone: _____ 2nd Phone: _____

Hospital No.: _____ NCDEG File No.: _____ Geneticist: _____

Specimen Type:

Date Specimen Drawn: _____/_____/_____
Drawn by: _____
Date Specimen Received: _____

Pregnancy: ☐ No ☐ Yes Gestation _____weeks
Last Menstrual Period: _____
Sample Appearance: _____
Specimen Type: ☐ Blood ☐ Amniotic Fluid
☐ CVS ☐ Fetal/Cord Blood

☐ Bone Marrow
☐ Bone Core Biopsy
☐ Blood-hematological disorder
WBC: _____ % Blasts: _____
☐ Pretreatment ☐ Pre BMT ☐ Remission
☐ Relapse/Blast Crisis
☐ Post BMT-donor sex ☐ Male ☐ Female ☐ Auto
☐ Treatment w/cytotoxic agents ☐ No ☐ Yes
☐ Tumor

Other: _____

Indication for Study:

To avoid delay in sample processing, provide an accurate list of indications (must check one or more items below):

☐ Ambiguous Genitalia
☐ Autism Spectrum
☐ Autosomal Trisomy
☐ Dysmorphic Features
☐ Fetal Demise
☐ Developmental Delay
☐ Mild ☐ Moderate ☐ Severe
☐ Infertility
☐ Klinefelter/Turner
☐ Multiple Congenital Anomalies
☐ Multiple Miscarriages
☐ Seizure Disorder
☐ Failure to Thrive
☐ Still Birth

Other: _____

Previous Genetic Reports: ☐ No ☐ Yes: _____

Laboratory Tests Ordered:

☐ Karyotype
☐ Special Culture for Fragile-X Syndrome
☐ Breakage Study (Control Requested)
☐ Chromosomal Microarray
☐ FISH for Philadelphia chromosome
☐ FISH for X, Y, 13, 18, 21 chromosomes
☐ FISH for X, Y, 21 chromosomes
☐ FISH for SRY Region
☐ FISH for Microdeletion Syndromes:
☐ Miller-Dicker/Lissencephaly Region
☐ Prader-Willi/Angelman Region
☐ William's Syndrome
☐ FISH for 21 chromosome
☐ FISH for 13, 18, 21 chromosomes
☐ Smith Magenis Syndrome
☐ Digeorge Syndrome

Other: _____

Referring M.D.:_____ Hospital Name: _____

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Pedigree Information

History Taken by: _____ Date: _____/_____/_____

Patients Pregnancy History/Gravida: _____ Para: _____ Miscarriages: _____

Maternal Age: _____ Paternal Age: _____