RUTGERS
New Jersey Medical School

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Newark, NJ 07103

Cytogenetic Lab: 973-972-5937
Genomics Lab: 973-972-3170
Fax: 973-972-0795

Patient Information

Name: _____ _____ _____
LAST NAME FIRST NAME MI

Date of Birth: ____/____/____ **Sex**: ☐Female ☐Male
MM DD YY

Date of Collection: ____/____/_____
MM DD YY

Sample Type: ☐Blood ☐Amniotic Fluid ☐POC ☐ Skin Biopsy ☐Other(Specify) _____

Gestational Age _____ ☐by Ultra Sound ☐ by LMP

LMP_____

Medical Records#: _____

Reporting Information

Physician: _____
Institution:_____
Phone: _____ **Fax:**_____

Additional Professional Report Recipients
Name: _____
Institution:_____
Phone: _____ **Fax:** _____

Indication for Study

ICD10 Codes:_____

First- line testing		Next Generation Sequencing Tests	
☐ CBR	Chromosome Analysis, Constitutional	☐ NEURO	Comprehensive Neurology Sequencing Panel
☐ CGH	SNP Microarray Analysis, Constitutional	☐ CF2000	CFTR Gene Sequencing
☐ IRDP	Inherited Recessive Disease Panel	☐ MITO	Mitochondrial DNA Sequencing
☐ FXMO	Fragile X FMR1 molecular analysis	☐ EPI	Epilepsy and Seizure Disorder Panel
Common Prenatal Tests		☐AUT	Autism and Intellectual Disability Panel
☐ CIS	Chromosomal Analysis, Prenatal	☐ MEDEX	Medical exome
☐ FISH5	AneuVysion Kit (X/Y/13/18/21)	☐ IRDP	Inherited Recessive Disease Panel
☐ AAFP	Alpha feto protein	☐ Neuro	Comprehensive Neurology
☐ SMA	SMN1 and SMN2 gene dosage		
☐ CGH	SNP Microarray Analysis, Prenatal		
Other Prenatal tests		**Genetic Screening**	
☐ CMV Amnio	Cytomegalovirus	☐ DMD	Deletion/duplication for DMD
☐ HGB F	Fetal Hemoglobin	☐ FXMO	Fragile X Expansion
☐ TOXPLO P	Toxoplasmosis by PCR	☐ SMA	Spinal Muscular Atrophy (SMN1 & SMN2)
☐ ACHE	Acetylcholinesterase	☐ HCR	Hereditary Hemochromatosis
POC/Skin Biopsy Tests		☐ MYO	Myotonic Dystrophy
☐ CPOC	Chromosome Analysis, Product of Conception	☐ SC	Sickle Cell Disease
☐ CST	Chromosome Analysis, Skin/ Fibroblast	☐ SMA	SMN1 and SMN2 gene dosage
☐ CGH	SNP Microarray Analysis, POC/Fetal Skin	**Other Tests (Please Specify)**	
Perinatal FISH Tests			
☐FINT03	Trisomy 21 (LSI 21), 21q22		
☐ FINT201	Sex Determination, CEPX/CEPY		
☐ FINT01	Trisomy 13 (RB1), 13q34		
☐ FINT02	Trisomy 18 (D18Z1), 18cen		

LAB USE ONLY

Genetics # _____
Lab/Specimen # _____
Date/Time received _____