CGC genetics

CYTOGENETICS

CGC is a CLIA certified Lab, affiliated with IGM, UMDNJ

Study(ies) identification Label(s)

Identification **All fields are mandatory**

use this space to paste the Label

Name:

Date of Birth:	Sex: M / F	ID/Social Security Number:

Address:	Zip code:

Spouse Name:

Referring Center:

Ordering Physician:

Address:	Zip code:

Phone:	Fax:	Email:

Specimen

☐ Blood ☐ Amniotic Fluid ☐ CVS ☐ Tissue Type: ☐ Other:

Collection Date:	Time of collection:

Exam request – These are the most common tests, for further analysis see www.cgcgenetics.com

- ☐ Karyotype
- ☐ Molecular Genetics
- ☐ FISH – Subtelomeric Rearrangements
- ☐ FISH – Sex chromosomes
- ☐ FISH – Probe:
- ☐ FISH – microdelections:
  - ☐ Digeorge S.
  - ☐ Williams S.
  - ☐ Prader-Willi/Angelman S.
  - ☐ Wolf-Hirschhorn S.
  - ☐ Smith-Magenis S.
  - ☐ Miller-Diker S.
  - ☐ Other:

Study indication due to

- ☐ Recurrent miscarriage
- ☐ Infertility
- ☐ Medical Assisted Reproduction
- ☐ PND
- ☐ FP study
- ☐ Amenorrhea
- ☐ Trisomy 21 (suspicion)
- ☐ Development delay
- ☐ Idiopathic Mental Retardation
- ☐ Malformation
- ☐ Familial history of:____
- ☐ Other:

Clinical Indications for the test (s) / Clinical Information

Personal History:

Disease:____

Special Medication:____

Other:____

Karyotype: ☐ No ☐ Yes, result:

Informed consent:
I wish to make the tests above indicated, and I assure that I was properly and fully informed, so I give my consent. I also authorize the report to be sent to my physician and my sample to be used for research purposes.

Signature:

Clinical Indications for the test (s) / Clinical Information

Family Tree