

PATIENT NAME: _____
 LAST FIRST


Address/Phone: _____

Sex: M F Date of Birth: ____/____/____

ORDERED BY: _____

COLLECTED BY: _____

DATE TIME AM PM



Cytogenetics Laboratory
 Clinical Pathology - 3733 UH
 750 East Adams Street
 Syracuse, NY 13210
 (315) 464-4716 Fax: (315) 464-4718

Medical Record # _____

DIAGNOSIS/ ICD-9 Code **REQUIRED**: _____

As the referring physician, I certify that the tests ordered below are medically necessary for the diagnosis or treatment of this patient. I hereby attest to the fact that I have provided the patient or patient's guardian with the information contained in the NYS Civil Rights Act, Section 79-1, and have obtained written informed consent as required.

Requesting Physician (print): _____

Physician Signature: _____

Address: _____ Phone: _____

For Lab Use Only:

Lab No: _____

Date Received: ____/____/____

Time Received: ____/____/____

Previous Cases: _____

CYTOGENETIC TESTING: All tests include cell culture. Additional cell counts and or special staining procedures may be required to complete the requested study. **Informed consent required for inherited or de novo constitutional disorders.**

AMNIOTIC FLUID

Test requested:

- Karyotype Analysis
 Date of tap ____/____/____
 Gestational age: by dates _____
 by ultrasound _____
 Gravida _____ para _____
 Living children _____
 SAB _____ Multiple pregnancy _____
- FISH (fluorescence in situ hybridization)
Diagnosis Required
 Probes requested: _____

CLINICAL INFORMATION:

Indication for Test:

- Advanced Maternal Age
- Abnormal MSAFP ____ Low ____ High ____ Value
- Abnormality on ultrasound (describe below)
- Previous child with chromosome abnormality (describe)
- Parent with structural chromosome abnormality (describe)
- Anxiety
- Other - describe

TISSUE:

Type of Tissue _____

Test requested:

- Karyotype Analysis
- FISH (fluorescence in situ hybridization)
Diagnosis Required
- Cell Culture only
- Cell freezing and storage
- Ship cells for additional studies

Diagnosis/Clinical Information:

Gestational age: _____

Tissue biopsy location:

- Skin
- Placenta
- Products of conception
- Fetal cord
- Other:

SPECIMEN REQUIREMENTS:

Amniotic Fluid: Collect 15-20 ml of amniotic fluid in sterile, labeled tubes, maintain at room temperature, and deliver to the Cytogenetics Laboratory within 24 hours of collection. The first few mls of fluid are most likely to contain maternal cells and should NOT be submitted.

Tissue: Skin or solid tissue obtained by sterile biopsy should be placed in sterile medium (Ham's F-10, Dulbecco's MEM, RPMI 1640, isotonic saline). Do NOT place in hypotonic saline. Place on wet ice and transport to the Cytogenetics Laboratory ASAP. Sterile medium is available on request from the Lab.

Patient Informed Consent

The New York State Civil Rights Act, Section 79-l requires that all individuals be informed of the nature of the genetic testing being requested. The following points must be covered in this discussion.

- 1. What is karyotype analysis?** Karyotype analysis is the study of the chromosomes that are present in human cells. The chromosomes are structures on which the genes are located. Genes encode the hereditary material that provides the blueprint for an individual.
- 2. What is the purpose of karyotype analysis and what are its limitations?** This test will allow an examination of the chromosomes to determine if there is any change in chromosome number or structure that might be associated with the patient's clinical history or clinical abnormalities. Occasionally, a structural defect may not be detected because it is too small to be seen visually.
- 3. What is fluorescence *in situ* hybridization (FISH)?** FISH combines cytogenetics and molecular diagnostics to provide more detailed and specific information regarding cytogenetic abnormalities that may aid in confirmation of a diagnosis.
- 4. What is the purpose FISH and what are its limitations?** FISH can provide additional clinical information on chromosome anomalies that are too small to be detected by standard cytogenetic analysis. It is particularly powerful in identifying microdeletions and the presence of extra or missing chromosomes. This test is greater than 97% accurate in appropriate applications, but, since some disorders may have more than one cause, FISH may not provide a definitive diagnosis.
- 5. What will happen to the cells once the test is complete?** No tests other than those authorized will be performed. The fixed cells may be stored for up to 10 years.
- 6. How will I obtain results from the test?** The test result will be provided to your physician who will discuss it with you.

If you have any questions about the test which will be performed, you may contact the Cytogenetics Laboratory at 315 464-4716. You may also wish to obtain genetic counseling prior to signing this form.

My signature below indicates that the above information has been explained to me and that I give consent for :

karyotype analysis and/or FISH analysis (check one or both).

Please indicate the name and address of physicians **other** than the referring physician to whom you wish a copy of the report to be sent:

Physician's name

Address

Phone number

Date

Signature of Patient

or Parent/Guardian if patient is a minor

Patient's name (printed)