



Genetic Test Request Form

Required Patient Information

Department of Medical Genetics

Genetics Laboratories

440 Burroughs Street
Detroit, MI 48202

Phone: 313-870-1700
Fax: 313-870-1701

Cytogenetics: Suite 446 Lab Hours: 8 am - 5 pm M-F, 8 am-12 pm Sat

DNA Diagnostics: Suite 447 Lab Hours: 8 am - 5 pm M-F

MRN:

NAME:

DOB:

Sex:

DATE:

ICD9 Code:

Indication for Testing (check all that apply):

- Birth defects (please describe)
- Developmental delay
- Dysmorphic features (please describe)
- Hypotonia
- Infertility
- R/O Turner syndrome
- Primary amenorrhea
- History of pregnancy loss:

- Asymptomatic
- Carrier testing
- Family history of (name disorder): _____
- Diagnostic testing
- Symptomatic
- Other: _____

Gr _____ Para _____ Ab _____

Ethnic Origin (required for DNA testing):

- Caucasian
- African-American
- Ashkenazi Jewish
- Other: _____
- Hispanic
- Asian
- Arab-American

Pedigree or clinical history:

Partner Name if appropriate: _____

Cytogenetic Analysis

Specimen Type: *transport specimens at room temperature*

- Peripheral blood (10 ml in sodium heparin; 3 ml for infants; plus 1 EDTA tube if ordering Microarray)
- Skin biopsy (send in sterile media, Ringer's lactate or saline)
- Product of conception; tissue source: _____ (send in sterile media, Ringer's lactate or saline)
- RUSH ANALYSIS: reason: _____

Test requested:

- Chromosome analysis
- High resolution chromosome analysis
- Microarray (Array-CGH)

Fluorescent in situ hybridization (FISH):

- Telomere panel
- 1p36.3 deletion
- Wolf-Hirschhorn (4p)
- Cri-du-chat (5p)
- Williams (7q11.23 Elastin)
- Dup(15)(q11-12)
- Lissencephaly/Miller-Dieker (17p13)
- Smith-Magenis (17p11.2)
- DiGeorge/VCFS (22q11.2)
- Kallmann (Xp22.3)
- FISH for molar pregnancy
- FISH for POC
- Ichthyosis, X-Linked (Xp22.3)
- Prader-Willi*
- Angelman*
- Other: _____

Molecular DNA Analysis

Specimen Type: 10 ml peripheral blood in EDTA (2-3 tubes) is sufficient to perform multiple DNA tests

Test Requested:

- Angelman syndrome
- Biotinidase deficiency
- Cystic fibrosis
- Intron 8 PolyT allele
- Familial Mediterranean fever
- Fragile X syndrome
- Hereditary diffuse gastric cancer (E-cadherin)*
- Hereditary hemochromatosis (HFE)
- Hereditary pancreatitis
- Myotonic dystrophy Type 1
- Prader-Willi syndrome
- Rett syndrome
- Sickle cell/Hemoglobin C disease
- X chromosome inactivation
- Y micro-deletion study (male infertility)

Transport specimens at room temperature

Ashkenazi Jewish Panel

- includes the following diseases:
- do NOT include Gaucher in panel
 - Bloom syndrome
 - Canavan disease
 - Familial dysautonomia
 - Fanconi anemia, group C
 - Gaucher disease
 - Glycogen storage disease, 1a
 - Mucopolidosis type IV
 - Niemann-Pick, type A
 - Tay-sachs disease

Coagulation Panel

- (includes Factor V, Prothrombin, MTHFR)
- Factor V (Leiden)
 - Prothrombin 20210G->A
 - Methylenetetrahydrofolate reductase (MTHFR) 677C->T

Multiple Endocrine Neoplasia (MEN), Type 2

- Familial medullary thyroid carcinoma
- MEN 2A
- MEN 2B

Other: _____

Send Reports To:

Name (required):

Name:

Address:

Address:

Phone # (required):

Phone # :

Fax #:

Fax #:

Lab use: Sample Type: _____ Cultures: _____ Volume: _____ Date Received: _____