

## HENRY FORD CENTER FOR PRECISION DIAGNOSTICS

Ship specimens to: Henry Ford Center for Precision Diagnostics Henry Ford Hospital Pathology and Laboratory Medicine Clinic Building, K6, Core Lab, E-655 2799 W. Grand Blvd. | Detroit, MI 48202

## FETAL AND GENERAL CYTOGENETIC REC

QUEST	FOR	CHRC	OMOSOM	E/FISH/	MICRO	ARRAY	TESTI	NG
			LISE ONE FORM PEI	R EACH SPECIMEN	ITVDE			

Name:	Required Patient Information	Ordering Physician Information			
Insurance Authorization #:       City:	Name: Gender: M F	Name:			
ICP-10 Codes are ray indeformation of the displant with the patient       Prome:	MRN: DOB: / DD /YY	Address:			
code coly these tests that an ended all meetaway for the disposits and transment of the patient.       Phone:       Fax:         (CD10 Code(s):       /	Insurance Authorization #:	_ City: Zip:			
ICD10 Code(8);       /       /       Specimen Collection Date:         Clinical Diagnosts:	ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought				
Clinical Diagnosis:         This searce to order tests from HFCPD extlicits to HFCPD that (1) the ordering physician has submitted information from the patient search test ordered and by septrate additional charge. All tests include pathologist interpretation at a separate additional charge.         The test below may include microdisection and/or refex testing at a separate additional charge. All tests include pathologist interpretation at a separate additional charge.         General Genetic Analysis         Indication for Genetic Testing (check all that apply):         Bitrh defects (please describe):         Development delay         Development delay         Development delay         Development delay         Disgnostic testing         History of pregnency loss:         Gr       AA					
This requests order tests from HFCPD certifies to HFCPD that (1) the ordering physician has obtained written informed consent from the patient a required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting HFCPD to report results for each test ordered to the ordering physician. The tests below may include microdisection and/or reflex testing at a separate additional charge.					
Federal Laws for each test ordered and (2) the ordering physician.         The tests below may include microdissection and/or reflex testing at a separate additional charge.         General Genetic Analysis         Indication for Genetic Centrol (Section Conception)         Birth defects (please describe):         Development delay         Dysmorphic features (please describe):         Hypotonia         Infertility       Diagnostic testing         Primary amenorhea         Primary amenorhea         History of pregnancy (boss:         Gr       Para         Peripheral blood (10 mit addum begazin):         3 mit for infants: plus 1 EDTA tube if ordering Microarray)         Shib biopsy (send in sterile media, Ringer's lactate or saline)         Products of conception; tissue source:         (admin in aterile media, Ringer's lactate or saline)         Other:         Desclution dromosome analysis (CPT 8824), 8820, 8825, 88230, 8827)         Test Requested:       Chremosome analysis (CPT 8824), 8820, 8825, 88230, 8827)         I History of CPT 8827, 18229         Chromosome analysis (CPT 8824), 8820, 8825, 88230, 8827)         Dest Requested:       Cherorise (CPT 8827), 8827, 4827         I Microarray (CPT 81229)       Acher Carbon Some analysis (CPT 8827), 8827, 4827         I Microarray (CPT 81229)	Clinical Diagnosis:				
General Genetic Analysis         Indication for Cenetic Testing (check all that apply):         Birth defects (please describe):         Development delay         Dysmorphic features (please describe):         Hypotonia         Infertility         Symptomatic         R/O Turner Syndrome         Other:         Primary amenorhea         History of pregnancy loss:         Gr       Predigree or clinical history:         Specimen Type: transport specimens at room temperature         Products of conception; tissue source:         (end in sterile media, Ringer's lactate or saline)         (DO NOT USE IODINE TO CLEAN AREA)         Products of conception; tissue source:         (submit maternal EDTA blood sample with all products of conception;         Subroicoarray (Array-CGH), (CPT 81229)         Image resolution chromosome analysis (CPT 8261, 88280, 88238, 88230, 88231, 88231, 88231, 88231, 88233, 88231,	This request to order tests from HFCPD certifies to HFCPD that (1) the ordering physician h federal laws for each test ordered and (2) the ordering physician has authorization from the	as obtained written informed consent from the patient as required by applicable state or patient permitting HFCPD to report results for each test ordered to the ordering physician.			
Indication for Genetic Testing (check all that apply):   Birth defects (please describe):   Development delay   Dysmorphic features (please describe):   Hypotonia   Diagnostic testing   Infertility   Primary amenorhea   Primary amenorhea   History of pregnancy loss:   Gr   Pram   Ab   Pedigree or clinical history:   Specimen Type: transport specimens at room temperature   Products of conception; fisue source:   (Do NOT USE IODINE TO CLEAN AREA)   Products of conception; itsue source:   (abut maternal CEII Contamination (MCC) (CPT 81225)   (submit maternal EDTA blood sample with all products of conception)   Other:   Maternal Age:   Preducts of conception; in study Bipsis (CPT 88261, 88280, 88285, 88230, 88291)   High resolution chromosome analysis (CPT 88261, 88280, 88285, 88230, 88291)   High resolution chromosome analysis (CPT 88261, 88280, 88285, 88230, 88291)   Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)	The tests below may include microdissection and/or reflex testing at a separate additional of	charge. All tests include pathologist interpretation at a separate additional charge.			
<ul> <li>Development delay</li> <li>Dysmorphic features (please describe)</li> <li>Family history of (name disorder):</li> <li>Hypotonia</li> <li>Diagnostic testing</li> <li>Infertility</li> <li>Symptomatic</li> <li>R/O Turner Syndrome</li> <li>Other:</li> <li>Primary amenorrhea</li> <li>History of pregnancy loss:</li> <li>Gr Para Ab</li> <li>Other:</li> <li>Predjeree or clinical history:</li> <li>Specimen Type:</li> <li>ramitor fluid (15-20 ml of fluid in 2-3 aliquots), Fluid Color:</li> <li>Chorionic Fluid (15-10 ml of fluid in 2-3 aliquots), Fluid Color:</li> <li>Specimen Type:</li> <li>Amnitotic fluid (15-20 ml of fluid in 2-3 aliquots), Fluid Color:</li> <li>Specimen Type:</li> <li>Amnitotic fluid (15-20 ml of fluid in 2-3 aliquots), Fluid Color:</li> <li>Specimen Type:</li> <li>Amnitotic fluid (15-20 ml of fluid in 2-3 aliquots), Fluid Color:</li> <li>Specimen Type:</li> <li>Amnitotic fluid (15-20 ml of fluid in 2-3 aliquots), Fluid Color:</li> <li>Specimen Type:</li> <li>Amnitotic fluid (15-20 ml of fluid in 2-3 aliquots), Fluid Color:</li> <li>Specimen Type:</li> <li>Gertarianta age:</li> <li>Microarray (DID ml in sedium heparin: ;</li> <li>3 ml for infants; plus 1 EDTA tube if ordering Microarray)</li> <li>Skin biopsy (send in sterile media, Ringer's lactate or saline)</li> <li>(DO NOT USE ICOINE TO CLEAN AREA)</li> <li>Products of conception; itsue source:</li></ul>	Indication for Genetic Testing (check all that apply):				
□ Dysmorphic features (please describe)       □ Family history of (name disorder):       □ Abnormality on u/s (specify):		Maternal Age			
<ul> <li>Hypotonia</li> <li>Diagnostic testing</li> <li>Netrility</li> <li>Symptomatic</li> <li>Other:</li> <li>Other:</li> <li>Primary amenorrhea</li> <li>History of pregnancy loss:</li> <li>Gr Para Ab</li> <li>Other:</li> <li>Other:</li> <li>Other:</li> <li>Other:</li> <li>Other:</li> <li>Other:</li> <li>Other:</li> <li>Other:</li> <li>Specimen Type:</li> <li>Amniotic fluid (15-20 ml of fluid in 2-3 aliquots), Fluid Color:</li> <li>Pedigree or clinical history:</li> <li>Specimen Type: transport specimens at room temperature</li> <li>Peripheral blood (10 ml in <u>sodium heparin</u>;</li> <li>and for infant; plus 1 EDTA tube if ordering Microarray)</li> <li>Skin biopay (send in sterile media, Ringer's lactate or saline)</li> <li>OD NOT USE IODINE TO CLEAN AREA</li> <li>Products of conception; tissue source:</li> <li>Maternal Cell Contamination (MCC) (CPT 81225)</li> <li>(submit maternal EDTA blood sample with all products of conception)</li> <li>Other:</li> <li>Other:</li> <li>Test Requested:</li> <li>Choromosome analysis (CPT 88261, 88280, 88285, 88230, 88291)</li> <li>High resolution chromosome analysis + 88289)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> <li>Direct Microarray (CPT 81229) CGH (requires an additional 15 ml of fluid)</li> <li>Refiex Microarray (CPT 81229) CGH (requires an additional 15 ml of fluid)</li> <li>Refiex Microarray (CPT 81229) CGH (requires an additional 15 ml of fluid)</li> <li>Refiex Microarray (CPT 81229) CGH (requires an additional 15 ml of fluid)</li> <li>Refiex Microarray (CPT 81229) CGH (requires an additional 15 ml of fluid)</li> <li>Refiex Microarray (CPT 81229) CGH (requires an additional 15 ml of amniotic fluid)</li> </ul>		Abnormality on u/s (specify):			
□       Hypotonia       □ Diagnostic testing         □       Infertility       □ Symptomatic         □       R/O Turner Syndrome       ○ Other:         □       Primary amenorrhea       □         □       History of pregnancy loss:       □         Gr		Family History (specify):			
<ul> <li>IntertilitySymptomatic</li></ul>					
<ul> <li>Primary amenorhea</li> <li>History of pregnancy loss:</li> <li>Gr Para Ab</li></ul>					
<ul> <li>History of pregnancy loss: Gr Para Ab</li></ul>					
Gr       Para       Ab         Pedigree or clinical history:       Amniotic fluid (15-20 ml of fluid in 2-3 aliquots), Fluid Color:         Pedigree or clinical history:       Amniotic fluid (15-20 ml of fluid in 2-3 aliquots), Fluid Color:         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)       Kin biopsy (send in sterile media, Ringer's lactate or saline)       Gr       Para       Ab         (DO NOT USE IODINE TO CLEAN AREA)       Gestational age:       weeks         Products of conception; tissue source:       LMP:       EDC:       BPD or other:         Maternal Cell Contamination (MCC) (CPT 81265)       Gubmit maternal EDTA blood sample with all products of conception)       Other:         Test Requested       Chromosome analysis if normal (use CPT codes below)       Chromosome analysis (CPT 88261, 88280, 88233, 88230, 8829)       Alpha fetoprotein       ACHE         Special testing:       Toxoplasmosis (maternal serum required)       CMV       Other (specify):       FISH, Aneuploidy (CPT 88271x5, 88274x2) (requires an additional 5 ml of fluid)       Reflex Microarray (CPT 81229) CGH (if normal chromosome analysis)         Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)       Direct Microarray (CPT 81229) CGH (if normal chromosome analysis)					
Predigree or clinical history:       Image: Clinical history:         Specimen Type: transport specimens at room temperature       Prepipheral 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)         (DO NOT USE IODINE TO CLEAN AREA)       Gestational age:         Products of conception; tissue source:       weeks         (send in sterile media, Ringer's lactate or saline)       Date u/s procedure performed:         (send in sterile media, Ringer's lactate or saline)       Date u/s procedure performed:         (submit maternal EDTA blood sample with all products of conception)       Other:         Test Requested       Choronosome analysis (CPT 88261, 88280, 88235, 88230, 88291)         Microarray (Array-CGH), (CPT 81229)       CPT codes listed for "Chromosome analysis + 88289)         Chorosome analysis (CPT codes listed for "Chromosome analysis + 88289)       FISH, Aneuploidy (CPT 88271x5, 88274x2) (requires an additional 5 ml of fluid)         Reflex Microarray (CPT 81229) CGH (if normal chromosome analysis)       Pisch Microarray (CPT 81229) CGH (if normal chromosome analysis)	Gr Para Ab				
<ul> <li>Specimen Type: transport specimens at room temperature</li> <li>Peripheral blood (10 ml in sodium heparin;</li> <li>3 ml for infants; plus 1 EDTA tube if ordering Microarray)</li> <li>Skin biopsy (send in sterile media, Ringer's lactate or saline)</li> <li>(DO NOT USE IODINE TO CLEAN AREA)</li> <li>Products of conception; tissue source:</li></ul>					
Specimen Type: transport specimens at room temperature         Preipheral 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)         (DO NOT USE IODINE TO CLEAN AREA)         Products of conception; tissue source:         (send in sterile media, Ringer's lactate or saline)         (submit maternal EDTA blood sample with all products of conception)         Other:         Test Requested         Microarray (Array-CGH), (CPT 81229)         reflex to chromosome analysis (CPT 88261, 88280, 88285, 88230, 88291)         High resolution chromosome analysis         (CPT codes listed for "Chromosome analysis (CPT 88261, 88280, 88285, 88230, 88291)         Fiburescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)	5 ,				
<ul> <li>A rehipheral block (10 min bood (10</li></ul>	Specimen Type: transport specimens at room temperature				
<ul> <li>Gr Para Ab</li> <li>Gr Para Ab</li> <li>Gestational age: weeks</li> <li>LMP: EDC: BPD or other: mm</li> <li>Date u/s procedure performed: Check if parents do not wish to learn sex of the fetus</li> <li>Chromosome analysis (CPT 81229)</li> <li>Brish, Aneuploidy (CPT 88271x2, 88280, 88285, 88230, 88291)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> </ul>					
<ul> <li>Gestational age:weeks</li> <li>Maternal Cell Contamination (MCC) (CPT 81265)         (submit maternal EDTA blood sample with all products of conception)</li> <li>Other: Eothers analysis (CPT 81267)</li> <li>Test Requested</li> <li>Microarray (Array-CGH), (CPT 81229)</li> <li>reflex to chromosome analysis if normal (use CPT codes below)</li> <li>Chromosome analysis (CPT 88261, 88280, 88285, 88230, 88291)</li> <li>High resolution chromosome analysis</li> <li>(CPT codes listed for "Chromosome analysis + 88289)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> </ul>					
<ul> <li>Products of conception; tissue source:</li></ul>					
<ul> <li>(send in sterile media, Ringer's lactate or saline)</li> <li>Maternal Cell Contamination (MCC) (CPT 81265)</li> <li>(submit maternal EDTA blood sample with all products of conception)</li> <li>Other:</li></ul>					
<ul> <li>Maternal Cell Contamination (MCC) (CPT 81265) (submit maternal EDTA blood sample with all products of conception)</li> <li>Other:</li></ul>					
<ul> <li>(submit maternal EDTA blood sample with all products of conception)</li> <li>Other:</li></ul>					
<ul> <li>Other:</li></ul>		<b>Test Requested</b> . Check if parents do not wish to learn sex of the fetus			
Test Requested         Microarray (Array-CGH), (CPT 81229)         reflex to chromosome analysis if normal (use CPT codes below)         Chromosome analysis (CPT 88261, 88280, 88285, 88230, 88291)         High resolution chromosome analysis         (CPT codes listed for "Chromosome analysis + 88289)         Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)					
<ul> <li>Microarray (Array-CGH), (CPT 81229)</li> <li>Teflex to chromosome analysis if normal (use CPT codes below)</li> <li>Chromosome analysis (CPT 88261, 88280, 88285, 88230, 88291)</li> <li>High resolution chromosome analysis (CPT codes listed for "Chromosome analysis + 88289)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> </ul>					
<ul> <li>Teflex to chromosome analysis if normal (use CPT codes below)</li> <li>Chromosome analysis (CPT 88261, 88280, 88285, 88230, 88291)</li> <li>High resolution chromosome analysis         (CPT codes listed for "Chromosome analysis + 88289)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> <li>CMV CMV Chromosome analysis + 88289)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> </ul>					
<ul> <li>Chromosome analysis (CP1 88261, 88280, 88285, 88230, 88291)</li> <li>High resolution chromosome analysis (CPT codes listed for "Chromosome analysis + 88289)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> </ul>					
<ul> <li>CPT codes listed for "Chromosome analysis + 88289)</li> <li>Fluorescent in situ hybridization (FISH): (CPT 88271x2, 88275, 88273)</li> <li>Direct Microarray (CPT 81229) CGH (if normal chromosome analysis)</li> </ul>					
Image: Second and Second	· · ·				
🗖 Ichthyosis, X-Linked (Xp22.3)					
Other (specify):		*NOTE: Any special testing may require Maternal Cell Contamination - submit			
*FISH for specific deletion syndromes is available. maternal EDTA blood sample.					
	Check 'Other' and specify or call lab (1.855.916.4DNA) to make arrangements.				

Send Additional Re	port To (Name):	Lab Use ONLY:
Address:		
Phone Number:	Fax Number:	

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