



(PLEASE PRINT USING CAPITALS- FIELDS IN RED ARE REQUIRED)

(1) Patient Last Name		First Name		Middle Name	
(2) Name Change- Former Last Name					
(3) Patient Address					
(4) City		State		Zip	
County of Residence					
(5) Date of Birth		(6) Age		(7) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
(13) ADDITIONAL REPORT COPIES NEEDED?					
Please check this box <input type="checkbox"/> AND Enter the clinician's name and address on the back of this form					
(8) Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latin		(9) <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		<input type="checkbox"/> Black/African Amer <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	
(10) Chart #/ Patient ID Number		(11) Submitter Specimen ID Number		(15) NPI # _____	
(16) Attached copies of front and back of insurance card(s)? <input type="checkbox"/>					
(18) <input type="checkbox"/> MEDICAID# _____ <input type="checkbox"/> PRIVATE INSURANCE# _____			<input type="checkbox"/> MEDICARE# _____ <input type="checkbox"/> Bill to Submitter		
(20) Please write the letter corresponding to the appropriate ICD-10 Code to the left of the test name below (where applicable)					
(A) ICD-10 Code _____		(B) ICD-10 Code _____		(C) ICD-10 Code _____	
(D) ICD-10 Code _____		(E) ICD-10 Code _____			
(21) Date of collection		(22) Time of collection			
Specimen Source <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Blood <input type="checkbox"/> Chorionic Villus Sample <input type="checkbox"/> Paraffin Section (tissue type _____)				Gestational Age: _____	
<input type="checkbox"/> Products of Conception (tissue type _____) <input type="checkbox"/> Tissue Biopsy (tissue type _____)				Ultrasound Age: _____	
Estimated Date of Delivery: ___ / ___ / ___					
Reason for Referral (please provide in addition to ICD-10 code above):					

**CHROMOSOME ANALYSIS**

- 801 Chromosome Analysis, Blood
- 803 Chromosome Analysis, Blood, Abridged Examination for Familial Chromosome Rearrangements
- 850 Chromosome Analysis, Amniotic Fluid
- 852 Chromosome Analysis, Amniotic Fluid, Abridged (must also order 890)
- 855 Chromosome Analysis, Chorionic Villus Sample
- 857 Chromosome Analysis, CVS, Abridged (must also order 890)
- 831 Chromosome Analysis, Products of Conception/ Tissue Biopsy
- 860 Tissue culture and shipment for additional testing

**MOLECULAR ANALYSIS**

- 828 Molecular Analysis, Fragile-X, Genetic Diagnosis
- 889 Methylation-Specific PCR, SNRPN gene, 15q11.2
- 890 Chromosomal Microarray Analysis (CMA), SNP-based
  - Tiered (Hold array pending chromosome analysis)
  - Concurrent (with chromosome analysis)
- 890 FAM Targeted Microarray Analysis (Family Studies)
- 895M64 Exome Sequencing- Proband Analysis Only
- 895M65 Exome Sequencing- Duo Analysis
- 895M66 Exome Sequencing- Trio Analysis
- 895M41 Cardiomyopathy/Arrhythmia NGS
- 895M50 Targeted Variant Analysis via Sanger DNA Sequencing (variant nomenclature: \_\_\_\_\_)

- 842C91 Hereditary Hemochromatosis [HHPCR]
- 842C92 Factor II Genotyping [PTPCR]
- 842C90 Factor V Genotyping [FVPCR]

**FISH ANALYSIS**

- 873 Prenatal Aneuploidy Panel, Amniotic Fluid
- 875 Stillbirth Aneuploidy Panel, Paraffin Embedded
- 871F28 DiGeorge /Velo-cardio-facial / Schpritzen /Conotruncal anomaly Syndrome, Deletion 22q11.2, TUPLE1
- 871F34 SRY (Sex determining Region of Y), Yp11.3
- 870F52 X and Y sex chromosomes

A sample processing fee is charged for blood samples that have only FISH analysis

WSLH contributes submitted clinical information and test results for molecular cytogenetic tests to a HIPAA-compliant, de-identified public database a part of the National Institutes of Health's effort to improve diagnostic testing and our understanding of the relationships between genetic changes and clinical symptoms. For information about the ClinVar database, visit their website at <http://www.ncbi.nlm.nih.gov/clinvar/>. Confidentiality of each sample is maintained. Patients may request to withdraw consent for the storage of their sample and/or use of the data by: 1) checking the box below, 2) calling the laboratory at (608) 262-0402 and asking to speak with a genetic counselor, or by 3) visiting our website at [www.slh.wisc.edu/cytogenetics](http://www.slh.wisc.edu/cytogenetics).

Refusal for inclusion in these efforts may be indicated by checking this box. (If the box is not checked, the data will be anonymized and used.)