

CYTOGENETICS REQUISITION

University of Minnesota Physicians Outreach Laboratories

**UMMC East Acute Care Laboratory
500 Harvard St. SE Room 3-580 (MMC300)
Minneapolis, MN 55455**

**Client Services (612)273-7838, fax (612)273-0183
Specimen Management (612)273-5014
Fax (612)273-3203**

COLLECTION DATE	COLLECTION TIME
Please call laboratory prior to sending sample or for assistance with specimen requirements 612-273-3171.	
All samples to be stored at room temperature	
<input checked="" type="checkbox"/> WHOLE BLOOD (specify, Na Heparin preferred) <u>Na Heparin</u>	
<input type="checkbox"/> BONE MARROW	
<input type="checkbox"/> TISSUE _____	
<input type="checkbox"/> FIXED BLOCK # _____	
<input type="checkbox"/> OTHER(specify) _____	
Diagnosis Codes(ICD-10)/Diagnosis	

Facility submitting the specimen will be billed. By submitting this requisition you are agreeing to pay for services rendered by UMPHysicians

Account number Z1555 / 1230002227	Phone number 913-588-0384
Client name The University of Kansas Health System	
Address 4000 Cambridge Street - MS 4049	
City-State-Zip Kansas City, KS 66160	
PT. NAME (L-F-MI)	
MEDICAL RECORD NUMBER	BIRTHDATE/AGE SEX
SAMPLE NUMBER	
ADDRESS	
ORDERING PHYSICIAN (L-F-MI)	UPIN

LAB4690	Chromosome Analysis, Blood, High Resolution with Interpretation Without interpretation	5-10 mL Blood Na Heparin
LAB4689	Chromosome Analysis, Blood, Newborn (up to 21 days) with Interpretation Without interpretation	1-3 mL Blood Na Heparin
LAB3483	Fragile X Molecular Analysis with reflex to Methylation Without interpretation	10 mL blood in Yellow Top ACD
LAB4209	Chromosome Analysis, Blood, Sex Chromosome Study with Interpretation Without interpretation	5-10 mL Blood Na Heparin
LAB4755	<input checked="" type="checkbox"/> Chromosome Analysis, Blood, Fanconi, Mutagen Sensitivity Study with Interpretation Without interpretation	5-10 mL Blood Na Heparin
LAB4697	Chromosome Analysis, Blood, Sister Chromatid Exchange with Interpretation Without interpretation	5-10 mL Blood Na Heparin
LAB4736	FISH Locus – specify Constitutional Probe : See High Resolution Blood	
LAB890	Chromosome Analysis, Bone Marrow with Interpretation Without interpretation	3-5 mL bone marrow aspirate Na Heparin syringe or 1 cm trephine biopsy saline or media
LAB4695	Chromosome Analysis, Leukemic Blood with Interpretation Without interpretation	5-10 mL Blood Na Heparin
LAB4713	Chromosome Analysis, Tumor (Malignant Tissue) with Interpretation Without interpretation	5 mm ³ -1cm ³ neoplastic tissue saline or media
LAB4699	Chromosome Analysis, Skin/Products of Conception (POC) with Interpretation Without interpretation	3 mm ³ -1cm ³ skin/punch biopsy saline or media
LAB4617	Skin, Tissue Culture and Freeze	3 mm ³ -1cm ³ skin/punch biopsy saline or media
LAB4736	Fluorescence-In-Situ hybridization (FISHINTER) – Specify Probe:	Consult with Cytogenetics Lab
LAB4671	Her-2/neu FISHINTER (paraffin-embedded tissue) Formalin fixation time: <input type="checkbox"/> <6 hours <input type="checkbox"/> 6-72 hours <input type="checkbox"/> >72 hours with Interpretation	3 unstained recuts (+ charged slides (1) H & E
LAB4737	Array – Comparative Genomic Hybridization with Interpretation Without interpretation	5-10 mL Blood Na Heparin & 5-10 mL in purple (EDTA) or Yellow Top ACD (solution A)
LAB5988	Array – Comparative Genomic Hybridization with Limited High Resolution Chromosomes	5-10 mL Blood Na Heparin & 5-10 mL in purple (EDTA) or Yellow Top ACD (solution A)
LAB6576	Parental Array – Comparative Genomic Hybridization Child's Name: _____ Child's Finding: _____ Child's Array must be run first	5-10 mL Blood Na Heparin & 5-10 mL in purple (EDTA) or Yellow Top ACD (solution A)
OTHER		Consult with Cytogenetics Lab

Send this form with the transport batch to Specimen Management

501321 rev 06/17/21

FOR RECEIVING USE ONLY	INITIALS	Accession No.	Requisition No.
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Form, Molecular Diag Lab Internal