ARUP LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology

500 Chipeta Way • Salt Lake City, Utah 84108-1221, USA
Phone: (800) 522-2787 • www.aruplab.com

ARUP USE ONLY
Master Label Area

278277 - UM St. Joseph Medical Center I/F

7601 Osler Drive
Towson, MD 21204-7578

PATIENT NAME (Last) (First) (M.I.)

PLEASE TYPE OR PRINT

PATIENT IDENTIFIER

BIRTHDATE ____-____-____ (mo / day / yr) **SEX** ❑ male ❑ female ❑ unknown

❑ **Please FAX RESULTS to:**
( ) REQUIRED (secure fax number) REQUIRED (contact name (last, first))

REFERRING PHYSICIAN (Last) (First) (M.I.)

SPECIMEN TRANSPORT
❑ room temperature ❑ refrigerated ❑ frozen

SPECIMEN COLLECTION
❑ AM
DATE ____-____-____ (mo / day / yr) **TIME** ____ ❑ PM

SPECIMEN TYPE
❑ whole blood
❑ chorionic villi
❑ amniotic fluid
❑ products of conception ❑ fresh ❑ frozen ❑ fixed
sample origin: ❑ fetal (location)____
❑ placental

Cytogenetics Prenatal (Reorder # 43098)

Diagnosis/Clinical Information/Family History
Patient History Forms and Consent Forms can be found
at www.aruplab.com/genetics/resources

PLEASE COMPLETE THE FOLLOWING ADDITIONAL INFORMATION:
Gestational age: _____weeks _____days

Indicate reason for testing:
____ Advanced maternal age
____ Abnormal Maternal Serum Screen (provide risks)
T21_____T18_____ ONTD____
____ Abnormal NIPT (High Risk for:)
T21_____T18_____ T13_____ MX____ XXX____ XXY____ XYY____
No Call_____ Other (specify):_____
____ Family member or previous child w/chromosome abnormality (specify):
_____
____ Abnormal ultrasound (describe):
_____
_____
____ Other family history (specify):
_____

**********Amniotic Fluid**********

❑ 2002297 Chromosome FISH Prenatal
❑ 2002293 Chromosome Analysis Amniotic Fluid
❑ 2002366 Cytogenomic SNP Microarray—Fetal
❑ 2008367 Chromosome Analysis AF with Reflex to Array
❑ 2011130 FISH, AF with Reflex to Chromosomes or Array

********** Chorionic Villi **********

❑ 0040203 Chorionic Villus, FISH
❑ 2002291 Chromosome Analysis Chorionic Villus
❑ 2002366 Cytogenomic SNP Microarray—Fetal
❑ 2011131 FISH, CVS with Reflex to Chromosomes or Array

**********Products of Conception**********

❑ 2002288 Chromosome Analysis Products of Conception
❑ 2005633 SNP Microarray, Products of Conception
❑ 2005762 Chromosome Analysis POC with Reflex to Array
❑ 2010795 Cytogenomic Array FFPE, POC

**********Maternal Cell Contamination**********

❑ 0051596 Maternal Cell Contamination, Fetal Specimen
❑ 0050608 Maternal Cell Contamination, Maternal Specimen

**********Miscellaneous**********

❑ 3000142 AFP (Amniotic Fluid) w/Reflex to AChE & Fetal Hgb
❑ 2006848 Acetylcholinesterase & Fetal Hgb, Amniotic Fluid
❑ 0051368 RhD Antigen (RhD) Genotyping
❑ 0040182 Cytogenetics Grow & Send

********** Sendout Request to Outside Lab **********

Send out to_____laboratory for
_____testing

(Specimen Receiving: Do NOT send sample directly to referral testing. Send sample to Cytogenetics for evaluation first.)

********** Infectious Disease Testing **********

Send 1–2 mL of amniotic fluid, FROZEN, separately for the below tests.

❑ 0060040 Cytomegalovirus, Qualitative PCR
❑ 0060043 Parvovirus B19, Qualitative PCR
❑ 0055591 Toxoplasma gondii, PCR

OTHER TESTS ORDERED

TEST NUMBER	TEST NAME	TEST NUMBER	TEST NAME

NUMBER OF SPECIMENS SUBMITTED _____

TOTAL NUMBER OF TESTS ORDERED _____

THIS BOX FOR ARUP LABORATORIES USE ONLY

QTY_____ RT R F ID#_____
SER PLA WB URINE STOOL CSF S/P
TISSUE SST OTHER_____ WRAPPED