UNIVERSITY OF CONNECTICUT HEALTH CENTER
Division of Human Genetics
Genetics Laboratory, Butler Building 5
263 Farmington Avenue
Farmington, Connecticut 06030-6140
LABORATORY 860-679-4805 LAB FAX 860-679-3616

LAB USE ONLY

Date Received ____/____/___

Lab Number: _____

CLIA # 07D0857819

Laboratory Request Form for Molecular Study

Human Genetics Laboratories

Patient

Name: _____
Last First

DOB: ____/____/____ Sex: _____

UConn T00#: _____ Adm #: _____

Ethnicity: Required
☐ Caucasian ☐ Hispanic ☐ African American
☐ Asian/Pacific ☐ Ashkenazi Jewish
☐ Other_____

Specimen

☐ Whole blood ☐ Chorionic villi sampling (CVS)
☐ Amniotic fluid ☐ Products of conception
☐ Other tissue (please call in advance)

Date / Time Collected _____

Date / Time Received _____

Clinical Information

Indication:_____ **ICD-9:** _____

For Prenatal Diagnosis

☐ Advanced Maternal Age
☐ Increased Risk of Trisomy (Pos. Maternal Serum Screen)
☐ Abnormal Ultrasound
☐ Other _____

Cancer

Please use our Oncology Requisition Form

Peripheral Blood Studies

Family history ☐ No ☐ Yes
specify _____

☐ Developmental delay_____
☐ Recurrent spontaneous abortion
☐ Clinical symptoms of _____
☐ Carrier screening
☐ Other_____

Referring Physician

Name: _____ Phone: _____ Fax: _____

Dept. and Hospital: _____

Requesting Tests

☐ ***Routine Chromosome analysis (Green-top tubes)***

FISH (Green-top tubes)

☐ 7q deletion (Williams syndrome)
☐ 15q deletion (Prader Willi syndrome)
☐ 15q deletion (Angelman syndrome)
☐ 17p11.2 deletion (Smith Magenis)
☐ 17p13 deletion (Miller-Dieker)
☐ 22q deletion (DiGeorge/VCFS)
☐ Other (call before ordering)_____

PCR (Purple or Yellow-top tubes)

☐ Cystic Fibrosis mutations
Tay Sachs carrier screening
Specify: ☐ DNA ☐ Enzyme
☐ Hearing loss gene GJB2 (connexin 26) mutations
☐ Prader Willi/Angelman DNA Methylation
☐ Factor V Leiden (FVL)
☐ Prothrombin mutation (Factor II or F2)
☐ MTHFR mutation
☐ Coagulation Panel (includes FVL, F2 and MTHFR)
☐ Other (call before ordering)_____

For Lab Use Only

Billing Codes: ☐ FISH _____ ☐ PCR _____

Ind Code: _____

☐ No Growth ☐ 999 Misc. $ _____ desc. _____

Billed on: _____/_____/_____ Report Sent on: _____/_____/_____

Rev. 4/07