## UW Medicine LABORATORY MEDICINE & PATHOLOGY

## CONSTITUTIONAL TEST REQUEST FORM

1959 NE Pacific St, Room NW-125, Seattle, WA 98195 Phone: 206-598-4488 | Fax: 206-598-2610 https://dlmp.uw.edu/patient-care/cytogenetics http://uwcpdx.org/clinical-genomics-laboratory/

For UW Pathology use
Accession #

	Legal First Name	MI	Legal	Last Name
	DOB	Pati	ent Mi	RN
lon	Sex Assigned at Birth	Gen	der Idei	ntity
radelli IIII oli III adol	Patient Phone #			
	Patient Address			
5	City	Stat	е	Zip

	Institution Name		
tution	Institution Address		
ng Insti	City	State	Zip
Requesting Institution	Person Completing Form		
2 Re	Phone	Fax	

rts to	Ordering Provider	Phone	Fax	NPI#
nd Repo	Referring Pathologist	Phone	Fax	NPI#
S Se	Additional reports to	Phone	Fax	NPI#

nation	Payment Options:  Patient Insurance* (If outpatient) Institution/Client Billing  *Medicare Billing policy does not permit tech claims on laboratory testing,			g Split Billing / Medicare* (Pro to Patient, Tech to Client) Self-Pay g for hospital inpatients/outpatients. These tech charges will be billed to the requesting institution.				
ling Inforr	If billing insurance: Patient signature required on back.  Primary Insurance				k. Please attach a copy of face sheet and front/back of card(s).  Secondary Insurance			
ß Bi	Subscriber Na	ame	DOB	Relation to Pt	Subscriber Name	DOB	Relation to Pt	

<b>5</b> Specimen Type	Date obtained	:	<b>6</b> Diagnosis or Indication for Testing
	Time obtained	: :	Please attach copy of pedigree if indi Family History of
Amniotic Fluid	Gestational A		ICD-10 Code
Chorionic Villi	FETAL SEX	Female Male	
Products of Conception	Time obtained:  Gestational Agretal SEX  Determination  (Site	Unknown cell-free DNA screen	
Fetal Tissue		ultrasound other	
Umbilical Cord Blood			
Peripheral Blood			
Skin Biopsy (Site		)	
Saliva			
Paraffin Blocks/Slides (Si	te	)	
DNA (Extracted from		)	This is a family follow-up study  (Name of Proband
Other			

Please attach copy of pedigree if indication is Family History of
ICD-10 Code
This is a family follow-up study
(Name of Proband)



Legal First Name	MI	Legal Last Name
DOB		

Test(s) Requested					STAT	ROUTINE
Interphase FISH for common aneuploidie	es (13, 18	3, 21, X, Y)				
Interphase FISH after pregnancy loss (13,			n			
Interphase FISH for 22q11.2 deletion (VCF						
Metaphase FISH for						
22q11.2 deletion (VCFS/DiGeorge	e) or dur	olication				
SRY (46,XX testicular DSD/46,XY E	-					
Other (Specify:						
Routine G-banded chromosome analysis						
Mosaicism study by chromosome analysis	s and ka	aryotyping				
Mosaicism for						
Limited parental follow-up study by chror	nosome	analysis and	l karyotyping			
Grow cell cultures for sendout						
Sendout instructions:						
Chromosomal Microarray Analysis (CMA/	CGH/CG	AT/SNP Arra	y)			
Report all findings						
Do not report variants of uncerta	ain clinio	cal significand	ce			
Y chromosome deletions by PCR for male	infertili ؛	ty				
ddPCR (droplet digital PCR) for deletion or	r duplica	ation (Specify:	:)			
Reflex Testing						
f	is	Normal	then reflex to			
		Abnormal				_
ıf	is	Normal	then reflex to			
	_ 13	Abnormal	therrenex to			
		710111101				
Ordering Provider Signature Required						
Submitting a specimen with this requisition form indicates	s familiarit	y and agreement	t with applicable Reference Laboratory Services policies found at	http://dlmp.uw.e	du/patient-care/ser	vicerequest
Signature				Da	ite	
() Patient Insurance Billing Consent						
	(CCL)+o	rologeo to m	y designated insurance carrier, health plan, or third	narty admini	ctrator the infer	mation
			re provider necessary for reimbursement. I assign a			
CGL. I understand my insurance carrier may i	not appı	rove and rein	nburse my medical genetic services in full due to us	ual and custo	mary rate limits	, benefit
			y, or otherwise. I understand I am responsible for fo			
policy deductibles except where my liability is as the original document.	, iirriited	by contract o	or State or Federal law. A duplicate or faxed copy of	uns authoriza	auon is consider	eu trie same
				D-	at o	
Signature				Da	ite	

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