

Sanford Clinic
USD Genetics Laboratory
1305 W. 18th Street
Sioux Falls, SD 57105
605-333-5202 Fax 605-328-2801



Genetics Lab Patient Number: _____

Sample Date: ____/____/____

Referring Laboratory: _____

Referring Physician: _____

Ref. Lab Patient #: _____

Patient Information

Patient Name: _____ Insurance Co: _____
Date of birth: ____/____/____ Sex: _____ Policyholder: _____
Patient Address: _____ Group #: _____
Policy #: _____
Preauthorization #: _____
Telephone: _____ Parent or Guardian of minor patient: _____

Patient Responsibility:

I authorize Sanford Health/Sanford Laboratories to furnish my insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to Sanford Health/Sanford Laboratories. I understand that I am responsible for any amounts not paid by insurance for reasons including, but not limited to non-covered and non-authorized services.

Patient Signature _____ Date _____

Amniotic Fluid

Indications for Genetic Amniocentesis:

- Advanced Maternal Age (35+ at EDC)
- Screen Positive for Down Syndrome
- Screen Positive for Trisomy 18
- Elevated Maternal Serum AFP
- Previous Child with a Chromosome Anomaly
- Other: _____
- Abnormalities See on Ultrasound: _____
- History of Neural Tube Defect
- Multiple Pregnancy Loss (two or more)
- Family History of a Chromosomal Anomaly: _____

Family History of Birth Defects and Inherited Conditions: _____

Gestational Age by dates: ____ w ____ d LMP: ____/____/____ EDC: ____/____/____

Gestational Age by w/s: ____ w ____ d G: ____ P: ____ Ab: ____ Stillbirth: ____ Neonatal death: ____ Living children: ____

Prenatal FISH (Tests for 13, 18, 21, X and Y. Additional charge is added. Karyotyping is required to confirm the results.)

Solid Tissue

Reasons for Referral:

Tissue type: POC / Fetal Skin biopsy Other: _____ Reason for test: _____
Fetal tissue collection: Actual fetal tissue is preferred. Cartilage/pericosteum from the sternum works well. Liver, kidney, muscle, ribs and skin etc. are acceptable. Placental tissue generally remains viable longer than fetal tissue. Placental tissue should be collected from the fetal side, near the insertion of the cord. Do not freeze!

Blood

Chromosome Studies, FISH Studies, array CGH Studies

Chromosome Studies (check box): Source: Peripheral blood Cord blood Cardiac blood PUBS

aCGH Studies (check box): Specimen requirements: 3-5 ml blood each EDTA, NaHep (aCGH) or 3-5 ml blood NaHep (chromosomes+/-FISH)

Mark indication(s) for study:

- Down Syndrome
- Trisomy 13 Syndrome
- Trisomy 18 Syndrome
- Prader-Willi Syndrome
- Turner Syndrome
- Klinefelter Syndrome
- Other: _____
- Multiple Congenital Anomalies
- Dysmorphic features
- Failure to Thrive (FTT)
- Short Stature
- Fragile X Syndrome
- Mental Retardation
- Developmental Delay
- Autistic Spectrum Disorder
- Language/Speech Delays
- Multiple Pregnancy Loss
- Infertility
- Amenorrhea
- Delayed Puberty
- Ambiguous Genitalia
- Relative with a Chromosome Anomaly
- Specify: _____

If chromosome studies, include High Resolution analysis

Patient's Physical Findings:

FISH Studies (mark below):

- DiGeorge/VeloCardioFacial Syndrome (VCFS)
- Angelman Syndrome
- Prader-Willi Syndrome
- Smith Magenis Syndrome
- Miller-Dieker Syndrome
- Williams Syndrome
- Other: _____