Knight Diagnostic Laboratories — OHSU

Fax: (855) 535-1329
Email: KDLClientServices@ohsu.edu
Shipping: 2525 SW 3rd Ave, Ste 350, Portland, OR 97201
Questions? (855) 535-1522

Constitutional/Prenatal Cytogenetics Requisition

Patient Information

Patient Last Name: _____
Patient First Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____ DOB: __/__/__
Fax: _____ Male ☐ Female ☐
ID/MRN #: _____
Hospital In-Patient: Yes ☐ No ☐

Physician Signature: _____ Date: _____

Ordering Physician Information

Full Name: _____
NPI: _____
Office/Facility Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Account #: _____
Notes: _____

Send additional copies of test results to:

Physician Name: _____ Physician Phone: _____ Fax: _____
Physician Name: _____ Physician Phone: _____ Fax: _____

Billing Information - Select One Billing Method

Billing is done in accordance with the information provided below and OHSU policy
Appropriate areas must be completed or referring laboratory/physician will be billed.

Self Pay ☐   Bill Insurance ☐
Attach Copy of Insurance Card or Billing Face Sheet

Bill Referring Provider or Institution ☐
Invoice will be sent to Client Account and Address Listed Above

Primary Insurance Name: _____   Secondary Insurance Name: _____
Primary Policy #: _____   Secondary Policy #: _____
Primary Group #: _____   Secondary Group #: _____
Preauthorization #: _____   Preauthorization #: _____

Relation to Insured: Medicaid ☐   Medicare ☐
Self ☐   Child ☐   Spouse ☐   Other _____

Relation to Insured: Medicaid ☐   Medicare ☐
Self ☐   Child ☐   Spouse ☐   Other _____

Clinical Information

Specimen Type
☐ Amniotic Fluid
☐ Blood, EDTA
☐ Blood, Sodium Heparin
☐ CVS
☐ Fibroblasts
☐ Skin Biopsy
☐ Other _____

Date of Specimen Collection: __/__/__

Time of Specimen Collection: __:__:__

Pregnancy History

G: _____   TAB: _____
P: _____   SAB: _____

Gestational Age: _____
Determined By: _____

WBC: _____

Clinical Information Continued

ICD-10 (required) [   ]

REQUIRED: Reason for Referral Description (fetal abnormalities, provisional diagnosis, family history of chromosome abnormalites, etc):

[   ]

*Chromosome Assays

Code	Test Name	Code	Test Name
6020	Amniotic Fluid: Full Chromosome Analysis	6754	Solid Tissue/Fibroblasts (includes POC): Full Chromosome Study reflexed to FISH
6054	Blood: High Resolution Chromosome Study reflexed to FISH	6500	Chromosomal Microarray
6078	Breakage Analysis: Blood Chromosome Study	6510	**Chromosomal Microarray - Prenatal Diagnosis
6080	Breakage Analysis: Skin Chromosome Study	N/A	**Prenatal FISH With Reflex Cytogenetics, Amnio
6550	SNP Microarray POC	N/A	**Prenatal FISH With Reflex Cytogenetics, CVS
6100	Chorionic Villus Sampling: Full Chromosome Analysis	N/A	**Prenatal FISH With Reflex Cytogenetics, POC

* Chromosome studies will reflex to FISH if clinically relevant abnormalities are detected; appropriate charges will apply.

** Prenatal studies with microarray testing will need maternal blood collected in EDTA for MCRO testing.

FISH Assays

Code	Test Name	Code	Test Name
7018	AneuVysion (chromosomes 13, 18, 21, X and Y)	8756	SHOX-related Haploinsufficiency Disorders, SHOX (Xp22.33)
7020	Angelman Syndome / Prader Willi (SNRPN/D15S10) (15q11-13)	7750	Smith-Magenis Syndrome
8080	CEP X and CEP Y FISH	8762	SNRPN Dup(15) in autism
8105	Cri-du-Chat (5p-) Syndrome (5p15.2)	8772	SRY-related disorders of sex development, SRY (Yp11.3)
7140	DiGeorge Syndrome (TUPLE1) (22q11.2)	8775	Steroid Sulfatase (STS) (Xp22.3)
8395	Kallman Syndrome (KAL) (Xp22.3)	7870	Velocardiofacial Syndrome (TUPLE1)
7510	Miller Dieker Syndrome, (LIS1)(17p13.3)	7900	Williams Syndrome (ELN) (7q11.23)
7020	Prader-Willi Syndrome (SNRPN/D15S10) (15q11-13)	7920	Wolf-Hirshhorn Syndrome, (WHS) (4p-) (WHSCR) (4p16.3)
8692	RB1/D13S319 (13q14)		

Non-Testing Services

Code	Test Name	Code	Test Name
6240	Fibroblast Primary Culture	N/A	Primary Culture Sendout

Additional Comments

Result Release

Results will be immediately available to the patient unless you mark the box below

☐ Do not release (I reasonably believe that an Information Blocking exception applies)

Comments / Requests: