Knight Diagnostic Laboratories

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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

Healthcare Ordering Provider Information

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

Send additional copies of test results to:

Healthcare Provider Name Provider Phone Fax
Healthcare Provider Name Provider 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
Primary Policy #
Primary Group #
Preauthorization #
Relation to Insured ☐ Medicaid ☐ Medicare
☐ Self ☐ Child ☐ Spouse ☐ Other_____

Secondary Insurance Name
Secondary Policy #
Secondary Group #
Preauthorization #
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
☐	N/A	***Constitutional FISH with Reflex Cytogenetics	☐	N/A	**Prenatal FISH With Reflex Cytogenetics, Amnio
☐	6080	Breakage Analysis: Skin Chromosome Study	☐	N/A	**Prenatal FISH With Reflex Cytogenetics, CVS
☐	6550	SNP Microarray POC	☐	N/A	**Prenatal FISH With Reflex Cytogenetics, POC
☐	6100	Chorionic Villus Sampling: Full Chromosome Analysis	☐		

* 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.

***Constitutional FISH W/Reflex to Cytogenetics requires 1 NaHep tube of blood and 1 EDTA tube of blood.

FISH Assays

	Code	Test Name		Code	Test Name
☐	7018	Aneuploidy (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: