



UPMC CYTOGENETICS LABORATORY
Constitutional Cytogenetic Requisition

UPMC Magee-Womens Hospital
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Pittsburgh, PA 15213
TEL: (412)641-5558 FAX:(412)641-2255
PittCytogenetics (Service Account)
PittCytogenetics@upmc.edu

PATIENT INFORMATION (Please print or apply patient label):
Last Name: First: MI:
Address:
City: State: Zip:
Phone #: DOB (mm/dd/yyyy):
Sex Assigned at Birth: Male Female Other/Unknown
Medical Record #: Account#:
SPECIMEN (Check one)
Date/Time of Collection:
Peripheral Blood Cord Blood Urine
Amniotic Fluid* CVS* Maternal Blood*
Solid Tissue (list type):
Paraffin Section (list source):
Other (specify):
*NOTE: Maternal Blood (Purple Top/EDTA) should accompany all prenatal samples.

REFERRING PHYSICIAN (MUST BE COMPLETED)
Ordering Provider: Additional Report:
Address: Address:
Tel: Fax: Tel: Fax:

Signature of Requesting Physician/Provider (REQUIRED):
Send Charges To: Patient Insurance (attach insurance info) Institution (list):

CLINICAL DIAGNOSIS/PHYSICAL FINDINGS
ICD-10 Code(s):
Advanced Maternal Age Ambiguous Genitalia
Abnormal NIPT (specify): Congenital Heart Defect:
Spontaneous Abortion/IUFD/Stillbirth GA: Congenital Anomalies:
Infertility Recurrent Pregnancy Loss Autism Seizures Developmental Delay Intellectual Disability
Familial Rearrangement (specify):
Follow-up to previous study: Test performed: Date:
Other:

FOR PRENATAL/POC STUDIES (REQUIRED)
Gravida: Para: SA: TA: Gestational age: Diabetic? No Yes

Ultrasound Abnormalities: No Yes If yes, list:

TEST(S) REQUESTED (MUST BE COMPLETED)
Amniotic Fluid AFP Amniotic Fluid AchE Amniotic Fluid Infection study Prenatal Molecular Send-out
Chromosome Analysis/Karyotype (Dark Green Top/Sodium Heparin Tube)
Fluorescence In Situ Hybridization (FISH) Studies (Dark Green Top/ Sodium Heparin Tube): Specify Below
DiGeorge/VCF Syndrome (22q11)
Prenatal Panel (chroms. 13, 18, 21, X, Y)
Paraffin POC aneuploidy Panel (chroms. 13, 16, 18, 21, 22, X, Y)
Other Deletion/Duplication# (specify):
R/O Specific Trisomy/Monosomy (specify):
STR Testing (Fresh Tissue) STR Testing (FFPE)
SNP+CGH Microarray (Purple Top/EDTA tube)
X-HR Micrarray (X-chromosome high resolution) (Purple Top/EDTA tube)
Other (Specify):

#Visit our website at https://geneticslab.upmc.com for additional testing information and specimen requirements.