

PATIENT NAME (LAST, FIRST, MI.)	GENDER [ ] M [ ] F	DATE OF BIRTH
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M.D. / CLIENT NAME ACCOUNT INFORMATION

[ ] COPY OF REPORT TO (INDICATE FULL NAME):  
\_\_\_\_\_

FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS

CITY	STATE	ZIP CODE	PHONE
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**BILL TYPE:** [ ] M.D./CLIENT [ ] PATIENT / INSURANCE  
*ATTACH DEMOGRAPHIC SHEET WITH INSURANCE INFORMATION*

**DIAGNOSIS CODE(S)**

**Medical necessity for the test requested must be indicated by ICD-9 codes**

[ ] Development delay, language (315.9) [ ] Multiple Congenital Anomalies (759.7)  
 [ ] Development delay, milestones (783.4) [ ] Other \_\_\_\_\_  
 [ ] Dysmorphic features (796.4)

**SPECIMEN INFORMATION**

COLLECTION DATE:	COLLECTION TIME:	COLLECTED BY:
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**FOR LAB USE ONLY**

**TEST REQUEST**

[ ] CHROMOSOMAL MICROARRAY ANALYSIS

COLLECT WHOLE BLOOD IN EDTA (LAVENDER TOP)  
 VOLUME: INFANT 1-2 mL ADULT 3-7 mL  
 TRANSPORT AT ROOM TEMPERATURE

**CLINICAL INDICATION IS REQUIRED (check all that apply)**

<p><b>General</b></p> <p>[ ] Developmental delay              [ ] Failure to thrive              [ ] IUGR              [ ] Short stature              [ ] Overgrowth              [ ] Other: _____</p> <p><b>Abdominal/Renal</b></p> <p>[ ] Abdominal wall defect              [ ] Inguinal or Umbilical Hernia              [ ] Kidney malformation              [ ] Other: _____</p> <p><b>Cardiac</b></p> <p>[ ] Aortic Stenosis              [ ] Atrial Septal Defect              [ ] Coarctation of the Aorta              [ ] Mitral valve aplasia              [ ] Pulmonary Valve Stenosis              [ ] Pulmonary Atresia              [ ] Pulmonary Artery Stenosis              [ ] Tetralogy of Fallot              [ ] Transposition of the Great Arteries              [ ] Truncus Arteriosus              [ ] Ventricular Septal Defect              [ ] Other: _____</p>	<p><b>Craniofacial</b></p> <p>[ ] Aniridia              [ ] Cataract              [ ] Cleft lip/palate              [ ] Coloboma              [ ] Craniosynostosis              [ ] Ear deformity              [ ] Flat or prominent occiput              [ ] Frontal bossing              [ ] Macrocephaly              [ ] Microcephaly              [ ] Preauricular tags or pits              [ ] Other: _____</p> <p><b>Endocrine/Metabolic</b></p> <p>[ ] Hypocalcemia              [ ] Hypercalcemia              [ ] Hypogonadism              [ ] Hypothyroidism              [ ] Other: _____</p> <p><b>Genital</b></p> <p>[ ] Anal defects or malformations              [ ] Ambiguous genitalia              [ ] Cryptorchidism              [ ] Hypogenitalism              [ ] Other: _____</p>	<p><b>Neurological</b></p> <p>[ ] Agenesis of the corpus callosum              [ ] Ataxia              [ ] Autism spectrum              [ ] Chiari malformation              [ ] Deafness              [ ] Hydrocephalus              [ ] Hypertonia              [ ] Hypotonia              [ ] Lissencephaly              [ ] Seizures              [ ] Other: _____</p> <p><b>Skeletal/Joints</b></p> <p>[ ] Clinodactyly              [ ] Club foot              [ ] Joint limitation              [ ] Rib anomalies              [ ] Scoliosis              [ ] Thumb/Radial Ray abnormality              [ ] Other: _____</p> <p><b>Family History</b></p> <p>[ ] Congenital Anomalies              [ ] Mental Retardation              [ ] Multiple Miscarriages              [ ] Parental consanguinity              degree of relation _____              [ ] Other: _____</p>
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**Ethnicity:** [ ] African American [ ] Asian [ ] Ashkenazi Jewish [ ] European Caucasian [ ] Hispanic [ ] Native American Indian [ ] Other Jewish [ ] Other (specify): \_\_\_\_\_