

CYTOGENETICS PATIENT INFORMATION FORM

Do not write in shaded areas—for LAB ONLY

Patient Information					
<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> Laboratory Case Number	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> Patient Account Number	Date	Time specimen collected		
Patient Demographics					
Last Name	First Name	Social Security Number			
Address	City	State	Zip		
Home Phone	Work Phone	Sex	Date of Birth	Age of Patient	
Sample Type	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> Sample Status				
LMP	Gestational Age	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> Amniotic Fluid Volume	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> Mg. Villus	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> Cultures Set Up	
Diagnosis Codes		Reason for Referral			
Gravida <input type="checkbox"/>	Para <input type="checkbox"/>	FISH <input type="checkbox"/>		TC <input type="checkbox"/>	SAVE <input type="checkbox"/>
		ACHE <input type="checkbox"/>	FS <input type="checkbox"/>	REASON <input style="width: 100%;" type="text"/>	
Referring Physician					
Referring Physician Name			Group Name		
Street Address		City	State	Zip	
Phone 1	Phone 2	Contact Person			
Physician Collecting Sample		Referral Physician Fax #	NSLS Account Number		
Preliminary Diagnosis					
<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> Results					
Results Date	Technician		Given To		

Remainder F/POC sent to PATHOLOGY: YES N/A