

**CYTOGENETICS LABORATORY**  
**FISH PRENATAL PANEL REQUEST FORM**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Sample Type: AMNIOTIC FLUID

CHORIONIC VILLUS

PERIPHERAL BLOOD

**Reason for Referral**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Genetic Counselor for Patient:** \_\_\_\_\_

**Turnaround time given to Patient:** \_\_\_\_\_

Turnaround times will be predicated on the urgency of the result and the time the specimen is **received** in the Cytogenetic Laboratory.

The routine schedule is as follows:

**Received prior 1:00PM:** Monday, Tuesday, Wednesday and Thursday -> Results within 24-48 hrs  
**Received after 1:00PM:** Monday, Tuesday and Wednesday -> Results within 48-72 hrs  
**Received after 1:00PM:** Thursday and all day Friday -> Results by Tuesday

We will make every attempt to accommodate special needs patient, please contact the Laboratory Manager at 847-570-2725 if there is an urgent need for a faster turnaround time.