

Laboratory Services

FISH PRENATAL PANEL REQUEST FORM

DATE: _____

Last Name

First Name

Sample Type

Reason for Referral

Genetic Counselor for Patient: _____

Turn around time given to Patient: _____

Turn around 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 before 1PM: Monday, Tuesday, Wednesday and Thursday -> Results within 24-48 hrs

Received after 1PM: Monday, Tuesday and Wednesday -> Results within 48-72 hrs

Received after 1PM: Thursday and all day Friday -> Results by Tuesday

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