

CYTOGENETICS PATIENT INFORMATION FORM

Do not write in shaded areas—for LAB ONLY

Patient Information

Laboratory Case Number 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 Sample Status

LMP Gestational Age Amniotic Fluid Volume Mg. Villus Cultures Set Up

Diagnosis Codes Reason for Referral

Gravida **Para** **FISH** **TC** **SAVE**

ACHE **FS** **REASON**

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

Results

Results Date Technician Given To

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