

Laboratory Services

9811 Woods Drive, Suite H180 Skokie, IL 60077 www.northshore.org Phone (847) 663-2100 Fax (847) 663-2101

## CYTOGENTICS 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 Gestationa	l Age Amnioti	ic Fluid Volume Mg.	Villus Cultures Set Up
Diagnosis Codes Reason for Referral			
Gravida Para			FISH TC SAVE REASON  ACHE FS
Referring Physician			
Referring Physician Name		Group Name	
Street Address		City	State Zip
Phone 1	Phone 2		Contact Person
Physician Collecting Sample		Referral Physician Fa	x # NSLS Account Number
Preliminary Diagnosis			
Results			
Descrite Date	Tarket des		Cityan Tra
Results Date	Technician		Given To

Remainder F/POC sent to PATHOLOGY: YES  $\square$  N/A  $\square$ 

A Teaching Affiliate of the University of Chicago Pritzker School of Medicine