

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.