Collaborative Genomics Core
UNIVERSITY OF WISCONSIN–MADISON

University of Wisconsin
Collaborative Genomics Core
465 Henry Mall
Madison, WI 53706-1578
http://www.med.wisc.edu/uwcgc

Genetic Diagnosis (11/2015) **CGC# 131**

(PLEASE PRINT USING CAPITALS- FIELDS IN RED ARE REQUIRED)

(1) Patient Last Name | First Name | Middle Name

(2) Name Change- Former Last Name

(3) Patient Address

(4) City | State | Zip | County of Residence

(5) Date of Birth | (6) Age | (7) Sex ☐ Male ☐ Female

(8) Ethnicity ☐Hispanic/Latino ☐Non-Hispanic/ Latin

(9) ☐Amer Indian ☐Black/African Amer ☐White ☐Asian ☐Pacific Islander ☐Other _____

(10) Chart #/ Patient ID Number | (11) Submitter Specimen ID Number

(13) Additional Report Copies Needed?
Please check this box ☐ AND
Enter the clinician's name and address on the back of this form

(14) Ordering Provider

(15) NPI # _ _ _ _ _ _ _ _ _ _

(16) Attached copies of front and back of insurance card(s)? ☐

(18) ☐ MEDICAID# _____ ☐ MEDICARE# _____
☐ PRIVATE INSURANCE# _____ ☐ Bill to Submitter

(20) Please write the letter corresponding to the appropriate ICD-10 Code to the left of the test name below (where applicable)

(A) ICD-10 Code _____ (B) ICD-10 Code _____ (C) ICD-10 Code _____ (D) ICD-10 Code _____ (E) ICD-10 Code _____

(21) Date of collection | (22) Time of collection

Specimen Source ☐ Amniotic Fluid ☐ Blood ☐ Chorionic Villus Sample ☐ Paraffin Section (tissue type _____)
☐ Products of Conception (tissue type _____) ☐ Tissue Biopsy (tissue type _____)

Gestational Age: _____
Ultrasound Age: _____
Estimated Date of Delivery: ___ / ___ / ___

Reason for Referral (please provide in addition to ICD-10 code above):

Check all that apply:

CHROMOSOME ANALYSIS

- ☐ 801 Chromosome Analysis, Blood
- ☐ 803 Chromosome Analysis, Blood, Abridged Examination for Familial Chromosome Rearrangements
- ☐ 850 Chromosome Analysis, Amniotic Fluid
- ☐ 852 Chromosome Analysis, Amniotic Fluid, Abridged (must also order 890PREC or 890PRET)
- ☐ 855 Chromosome Analysis, Chorionic Villus Sample
- ☐ 857 Chromosome Analysis, CVS, Abridged (must also order 890PREC or 890PRET)
- ☐ 831 Chromosome Analysis, Products of Conception/ Tissue Biopsy
- ☐ 860 Tissue culture and shipment for additional testing

MOLECULAR ANALYSIS

- ☐ 828 Molecular Analysis, Fragile-X, Genetic Diagnosis
- ☐ 889 Methylation-Specific PCR, SNRPN gene, 15q11.2
- ☐ 890 Array Comparative Genomic Hybridization, Microarray, aCGH
- ☐ 890PREC Prenatal Microarray, Comprehensive
  - ☐ Tiered (Hold array pending chromosome analysis)
  - ☐ Concurrent (must also order 852 or 857)
- ☐ 890PRET Prenatal Microarray, Targeted
  - ☐ Tiered (Hold array pending chromosome analysis)
  - ☐ Concurrent (must also order 852 or 857)
- ☐ 895M40 Exome Sequencing Analysis with Mitochondrial Analysis
- ☐ 842C91 Hereditary Hemochromatosis [HHPCR]
- ☐ 842C92 Factor II Genotyping [PTPCR]
- ☐ 842C90 Factor V Genotyping [FVPCR]

FISH ANALYSIS

- ☐ 873 Prenatal Aneuploidy Panel, Amniotic Fluid
- ☐ 875 Stillbirth Aneuploidy Panel, Paraffin Embedded
- ☐ 871F25 Angelman Syndrome, Deletion 15q11.2, D15S10/ UBE3A
- ☐ 871F26 Cri du Chat (Cat Cry) Syndrome, Deletion 5p15.2, D5S721/D5S23
- ☐ 871F27 Deletion 1p36 Syndrome
- ☐ 871F28 DiGeorge /Velo-cardio-facial /Schpritzen / Conotruncal anomaly Syndrome, Deletion 22q11.2, TUPLE1
- ☐ 871F30 Prader-Willi Syndrome, Deletion 15q11.2, SNRPN
- ☐ 871F33 Wolf-Hirschhorn Syndrome, Deletion 4p16.3, WHS
- ☐ 871F34 SRY (Sex determining Region of Y), Yp11.3
- ☐ 870F52 X and Y sex chromosomes

A sample processing fee is charged for blood samples that have only FISH analysis

As a participant in the ICCG (International Collaboration for Clinical Genomics), WSLH contributes submitted clinical information and test results for molecular cytogenetic tests to a HIPAA-compliant, de-identified public database a part of the National Institutes of Health's effort to improve diagnostic testing and our understanding of the relationships between genetic changes and clinical symptoms. For information about the ICCG database, visit their website at https://www.iccg.org/. Confidentiality of each sample is maintained. Patients may request to withdraw consent for the storage of their sample and/or use of the data by: 1) checking the box below, 2) calling the laboratory at (608) 262-0402 and asking to speak with a genetic counselor, or by 3) visiting our website at www.slh.wisc.edu/cytogenetics.

☐ Refusal for inclusion in these efforts may be indicated by checking this box. (If the box is not checked, the data will be anonymized and used.)