

MR #

Name:

Birthdate:

Visit/ Billing #

**CONSTITUTIONAL CYTOGENETICS**  
**VPLS Patient Bill**

AHSH Spring Hill

AHHV Hendersonville

**D & H Account:**  
 Month: Day: Year: Collection Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
 Sample No: Phlebotomist:  
 Circle: Routine Patient Waiting STAT

ICD Diagnosis Code(s) for all tests:  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

Physician: A. Psychogios (#54761) Phone/Beeper # (615) 936-5475 Genetic Counselor Phone/Beeper #

**Constitutional Cytogenetics**

Specimen Type:  Blood  Fetal Blood (PUBS)  Parental Blood Anticoagulant:  Sodium Heparin  EDTA  Other \_\_\_\_\_

<b>Reason for Referral:</b> <input type="checkbox"/> Congenital Heart Defect <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Hypotonia <input type="checkbox"/> Seizures <input type="checkbox"/> Short Stature <input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Multiple Congenital Anomalies (explain):  <input type="checkbox"/> Seizures <input type="checkbox"/> Short Stature	<input type="checkbox"/> Trisomy <input type="checkbox"/> Dysmorphic Features <input type="checkbox"/> Autism Spectrum Disorder  <input type="checkbox"/> Family History (explain):	<input type="checkbox"/> Suspected Chromosomal Syndrome (explain):  <input type="checkbox"/> Other (explain):
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X	Lab Code	Test	Tube Color	ICD
<b>Chromosome Analysis</b>				
		Chromosome Analysis / Karyotype	DGN	
<b>Chromosomal SNP Microarray</b>				
		Chromosomal Microarray Analysis - SNP	LV, DGN	
<b>FISH</b>				
		Aneuvysion: includes X, Y, 13, 18, 21	DGN	
<b>Sex Chromosome Abnormalities</b>				
		SRY	DGN	
<b>Parental Studies</b>				
Child's Name:				
Date of Birth:				
Cytogenetics Results:				

X	Lab Code	Test	Tube Color	ICD
<b>FISH</b>				
<b>Microdeletion Syndromes</b>				
		1p36 deletion	DGN	
		Angelman (15q12)	DGN	
		Cri-du-Chat Syndrome (5p15.2)	DGN	
		22q11.2 deletion syndrome (DiGeorge)	DGN	
		Kallmann (Xp22.3)	DGN	
		Miller-Dieker (17p13.3)	DGN	
		Prader-Willi (15q12)	DGN	
		Smith Magenis (17p11.2)	DGN	
		Steroid Sulfatase Deficiency (Xp22.3)	DGN	
		Williams Syndrome (7q11.23)	DGN	
		Wolf-Hirschhorn (4p16.3)	DGN	
		Other- List:	DGN	
		Other- List:	DGN	

**Prenatal Cytogenetics**

Specimen Type: - Amniotic Fluid - Chorionic Villi - Parental Blood Anticoagulant: - Sodium Heparin - EDTA - Other \_\_\_\_\_ - Saliva

Lab Code	#	Test	Tube Color	ICD
<b>Other Labs - Genetics Associates</b>				
		Chromosome Analysis / Karyotype		
		If normal chromosomes; perform microarray		
		Microarray / aCGH (include MCC EDTA)		
		AneuVysion (includes X, Y, 13, 18, 21)		
<b>Other Labs - Signature Genomics</b>				
		Precision Panel		
		MCC Studies	LV	

Lab Code	#	Test	Tube Color	ICD

Z00.6 Clinical Trial Patient; Tests are SOC

Z75.5 Clinical Trial Patient; Tests for D & H

FOR ADDITIONAL INFORMATION: SEE WWW.LABVU.COM

CLINIC NOTE INCLUDED

Tube Top DGN - Dark Green LV -Lavender

ICD Diagnosis Code Required. Medicare and other third party payers only cover lab tests that are medically necessary for the patient and generally do not cover routine screening tests.

Ordering Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.