

Chromosome Studies, Amniotic Fluid

Name _____ Father's name _____

Date of birth _____ Telephone: (day) _____ (evening) _____

Address _____

City _____ State _____ ZIP _____

Obstetrician _____ Telephone _____

Hospital _____

Date of last menstrual period _____

Date of amniocentesis _____ Blood type and Rh _____

Number of previous pregnancies _____

Living children _____ Stillbirths _____ Miscarriages _____

Induced abortions _____ Children who died _____

Fetal age (Ultrasound measurement) _____

Weeks after LMP _____

History of hereditary problem or birth defects in family _____

Reason for amniocentesis _____

Time _____ Date _____ Patient Signature _____

Please complete all information and attach this form to the test requisition.
Send both with the specimen in the transport bag to the laboratory.