HEALTHLAB

HealthLab

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| Referring hospital: Central DuPage H | Hospital-Health | Lab (**Bill our Account**) | |
|--|----------------------|-----------------------------------|----------|
| Patient name: | | | |
| Date of birth: | Social Security: | | |
| Patient sex (please circle): Male | | male | |
| (, , | | | |
| Referring physician: | | | |
| Address: | | | |
| Dity/State/Zip: | | | |
| nty/State/Zip. | | | |
| ax: | | | |
| | | | |
| Amniotic Fluid Testing requires a | patient inform | ation form. | |
| | - | | AFIOLI |
| Chromosomes- amniotic fluid | AMC HRM | □ FISH probe for: | AFISH |
| animodo naid | | | |
| □ AFP (Alpha Fetoprotein)- | AMAFP | ☐ Chromosomes- bone marrow/ | BNCHRM |
| amniotic fluid | | leukemic blood | |
| ☐ ACHE (Acetycholinesterase)- | AMACHE | ☐ Chromosomes, tissue with tissue | TSCHRMTS |
| amniotic fluid | | culture-products of conception | ET |
| □ Prenatal <i>FISH</i> , amniotic fluid | AMFISH | | |
| □ Chromosomes, blood | ACHRM | | |
| □ Fragile X DNA ONLY, blood | FMR1 | | |
| □ Chromosomes, partial-blood | BLCHRM | | |
| | | | |
| ndication for test: | | Retardation | |
| ☐ r/o trisomy 21 (Down syndrome)☐ r/o trisomy 18 | | Multiple miscarriages | |
| □ r/o trisomy 13 | | Infertility | |
| ☐ r/o tilisoffly 10 | ☐ Family history of: | | |
| ☐ r/o XXY (Klinefelter syndrome) | | Other indications: | |
| ☐ r/o fragile x: indicate which test(s) | | FISH probe for: | |
| | | | - |
| | ialle X | | |
| ☐ Chromosome and DNA-Fra ☐ DNA-fragile X only-no chroi | • | | |