UF/TEC/008

CYTOGENETIC REQUEST FORM

Unistel Medical Laboratories (Pty) Ltd

US Faculty of Health Sciences,
Clinical Building, Room 2128,
Tygerberg, 7505, RSA
Tel:+27 21 9389213
Web: www.unistelmedical.co.za

Requisition No	Unistel Lab No
Barcode	

The specimen request form MUST accompany each specimen

☐ **CYTOGENETICS ONLY** ☐ **FISH / QF-PCR ONLY** ☐ **CYTOGENETICS AND FISH / QF-PCR**

☐ **DNA OTHER** ☐ **MICRO ARRAY-CGH (Please enquire about concent and cost)**

Patient Information

Patient ID No:			
Surname:		Title: [Mr][Ms][Dr][Prof]	
Name:			
Birth date:	y	m	d
Race:		Gender: M ☐ F ☐	
Phone (H):		Cell:	
Address:			

I certify that the above information is correct and give specific consent for selected test(s) to be done. I fully understand the implication of the test and have received adequate pre-test counselling.

Signature: Patient / Guardian

Referring Physician / Medical Facility

Referring Physician Name:	
Pathology Practice:	
Reporting Address:	
Copy Doctors:	
Phone:	
Fax:	
Email:	

Account To

(✓)	Pathologists:	Guarantor:	Medical Aid	Cash

Guarantor ID number:			
Guarantor Surname & Initials:			
Member No:		Medical Aid:	

Specimen

Specimen Type: (✓)	Amnion fluid	Bone marrow **Sodium heparin**	Cord blood **Lithium heparin**	Blood **Lithium heparin**	CVS / Tissue

Collected by:				Site:	
Date collected:	y	m	d	Time collected:	

Specimen Receipt at Unistel (office use)

Received by:					
Date received:	y	m	d	Time:	

Complete for Amniotic fluids and POCs as appropriate

Gestational age (WKS LMP):			
Gestational age (by Ultrasound):			
Pregnancy	Single ☐	Multiple ☐	
Weight:		Diabetic	
AFP: (✓)		Yes	No

Patient Clinical Information MUST be completed

Disclaimer:

1. Genetic analysis will be performed on the amniocytes making use of either or both, FISH /QPCR and a full culture analysis.
2. The fetus will be sexed and every endeavour will be made to exclude trisomies of the chromosomes 13, 18 and 21 where the FISH / QPCR procedure is performed.
3. The FISH/STR markers are locus specific and only identify numeric abnormalities for the regions within the loci tested.
4. Full culture results generally detect both numerical and structural abnormalities of all the chromosomes (46).
5. A normal result does not exclude micro chromosome abnormalities and other congenital abnormalities that may occur.
6. Although every effort is made, a successful culture cannot be guaranteed and a repeat specimen may be required.
7. **Indication of Costs: (Additional costs may apply)**
   Medical Insurance BHF tariffs: Chromosome Analysis – R4839.50 / FISH/QPCR – R4993.10

Signature _____ Date _____

Counselling (Contact Unistel Medical Laboratories)

Genetic Counselling	