CHILDREN'S HOSPITAL AND RESEARCH CENTER OAKLAND

MOLECULAR GENETICS LABORATORY REQUEST FORM

Philip Cotter, Ph.D., FACMG - Laboratory Director
http://www.chori.org/Services/Genetics/genetic_tests.html

LABORATORY ADDRESS:

CHILDREN'S HOSPITAL AND RESEARCH CENTER, OAKLAND
ATTN: MOLECULAR GENETICS
BRUCE LYON RESEARCH BUILDING, RM 204
747 52ND STREET, OAKLAND CA 94609
LAB PHONE: 510-428-3623 **LAB FAX: 510-450-5692**

SHIP ALL SAMPLES AT ROOM TEMPERATURE FOR OVERNIGHT DELIVERY, Mon – Thurs

PATIENT INFORMATION

[ ] male
[ ] female

_____ SMS NUMBER
_____ / _____ / _____ SAMPLE DATE
_____ MRN #
_____ / _____ / _____ DATE OF BIRTH

_____ PATIENT'S LAST NAME
_____ FIRST NAME
D_____ LAB NUMBER

BILLING INFORMATION: CHO patient? [ ] yes / [ ] no (provide info. below) ___/___/___ BILLING DATE _____/___ DONE BY

PATIENT OR INSURED'S ADDRESS: PLEASE ATTACH COPY OF PATIENT'S INSURANCE CARD / AUTHORIZATION

_____

_____

REQUESTING MD: _____
NAME ADDRESS

Phone: _____ Fax: _____

"✓" TEST REQUESTED

RELEVANT CLINICAL INFORMATION

[ ] **ARRAY COMPARITIVE GENOMIC HYBRIDIZATION (CGH)**
83891, 83892(x2), 83898, 88386, 83894, 88291-26, 99001

[ ] **PRADER-WILLI**
83891, 83890, 839.1, 83894, 83912, 99001

[ ] **ANGELMAN SYNDROME**
83891, 83890, 839.1, 83894, 83912, 99001

[ ] **SPINAL MUSCULAR ATROPHY**
83891, 83898(x2), 83894 (x2), 83892(x2), 83912, 99001

[ ] **FRAGILE X (DNA)**
83891, 83901, 83909, 83912, 99001

[ ] **FACTOR II (PROTHROMBIN)**
83891, 83898, 83896(x2), 83912, 99001

[ ] **FACTOR V LEIDEN**
83891, 83898, 83896(x2), 83912, 99001

[ ] **MTHFR**
83891, 93901, 83894, 83892, 83912, 99001

[ ] **CONNEXIN 26**
83891, 83898(x8), 83894, 83904, 83912, 99001

[ ] **CONNEXIN 30**
83891, 83901, 83894, 83912, 99001

[ ] **PENDRED**
83891, 83898(x19), 83894, 83904, 83912, 99001

****PRENATAL ONLY****

[ ] **MATERNAL CELL CONTAMINATION**
83898(x6), 83894(x6), 83912

SPECIMEN REQUIREMENTS:
BLOOD: 1-5 cc K-EDTA (purple top) TUBE
AMNIOTIC FLUID, CVS, FLASKS, OTHER please phone the lab in advance to arrange for testing: 510-428-3623