

**OUTREACH
LABORATORIES**

Mayo Building, Room D293
420 Delaware St. S.E. (MMC 198)
Minneapolis, MN 55455
(612) 273-7838 or (888) 318-3627 ext. 3-7838
Client Services Fax: (612) 273-0183
Specimen Management Fax: (612) 273-3203

CYTOGENETICS LAB

Facility submitting the specimen will be billed. By submitting this requisition you are agreeing to pay for services rendered by UMPhysicians.

S P E C I M E N	COLLECTION DATE:	COLLECTION TIME:
	<input type="checkbox"/> BLOOD <input type="checkbox"/> BONE MARROW <input type="checkbox"/> TISSUE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> ADD to previous request _____	
	DIAGNOSIS	
	DIAGNOSIS CODES (ICD-9) / DIAGNOSIS	
	(1) _____ (2) _____	

F A C I L I T Y	ACCOUNT NO. / P.O.	PHONE NO.
	CLIENT NAME	
	ADDRESS	
	CITY-STATE-ZIP	

P A T I E N T	PT. NAME (L-F-MI)	SEX	
	PATIENT I.D.	SAMPLE NO.	BIRTHDATE
	ADDRESS		
	CITY-STATE-ZIP		
	PHYSICIAN/UPIN NO. (L-F-MI)		

FAX NUMBER FOR REPORTING:

			Specimen
BLHR	<input checked="" type="checkbox"/>	Chromosome Analysis, Blood, High Resolution <i>without interpretation</i>	with interpretation 5-10 mL blood Na Heparin
BLNB		Chromosome Analysis, Blood, Newborn <i>without interpretation</i>	with interpretation 1-3 mL blood Na Heparin
BLFX		Chromosome Analysis, and Molecular Fragile X Analysis <i>without interpretation</i>	with interpretation 5-10 mL each blood Na Heparin & yellow top ACD
BLSEX		Chromosome Analysis, Blood, Sex Chromosome Study <i>without interpretation</i>	with interpretation 5-10 mL blood Na Heparin
FANC		Chromosome Analysis, Blood, Fanconi Mutagen Sensitivity Study <i>without interpretation</i>	with interpretation 5-10 mL blood Na Heparin
SCE		Chromosome Analysis, Blood, Sister Chromatid Exchange <i>without interpretation</i>	with interpretation 5-10 mL blood Na Heparin
BMCHRMB		Chromosome Analysis, Bone Marrow <i>without interpretation</i>	with interpretation 3-5 mL bone marrow aspirate Na Heparin syringe or 1 cm trephine biopsy saline or media
BLLEUK		Chromosome Analysis, Leukemic Blood <i>without interpretation</i>	with interpretation 5-10 mL blood Na Heparin
TUMOR		Chromosome Analysis, Tumor (Malignant Tissue) <i>without interpretation</i>	with interpretation 5 mm3 - 1 cm3 neoplastic tissue saline or media
SKCHRMB		Chromosome Analysis, Skin / Products of Conception (POC) <i>without interpretation</i>	with interpretation 3 mm3 - 1 cm3 skin / punch biopsy saline or media
SKPROC		Skin, Tissue Culture and Freeze	3 mm3 - 1 cm3 skin / punch biopsy saline media
FISH		Fluorescence-in-situ hybridization (FISH) Write in specific probe:	See High Resolution Blood above
HER2		Her-2 / neu FISH (paraffin-embedded tissue) Formalin fixation time: <input type="checkbox"/> <6 hours <input type="checkbox"/> 6-48 hours <input type="checkbox"/> >48 hours <i>without interpretation</i>	with interpretation 1 H & E 3 unstained recuts (+ charged slides)
CGH		Comparative Genomic Hybridization <i>without interpretation</i>	with interpretation 10 mL Na heparin AND 10 mL EDTA or ACD (3 mL ea. for infants or small children)
OTHER			

Please call the laboratory prior to sending specimens (612) 273-3171 or (612) 273-7838 or (800) 888-8642 ext. 3-7838

FOR RECEIVING USE ONLY	INITIALS	Accession No.	Requisition No.