UIDL
UI Diagnostic Laboratories
Benjamin Darbro MD PhD, Director - Cytogenetics Laboratory

Constitutional Genetics Pre and Post-Natal Requisition

RESET

UI Diagnostic Laboratories
Department of Pathology
200 Hawkins Drive 5231 RCP
Iowa City IA 52242

Client Services Toll Free: (866) 844-2522
Client Services Local: (319) 384-7212
Client Services Fax: (319) 384-7213
Billing Fax: (319) 356-0729

FOR UIDL USE ONLY - MRN#_____ **PATH#** _____
FOR CLIENT USE ONLY - Requisition Date: _____ **Completed by:** _____
***RED FIELDS ARE REQUIRED - Absence of this information will result in test cancellation**

Patient Information

Legal Last Name:
Legal First Name (middle initial):
DOB: ☐ Male ☐ Female
Address:
City: State: Zip:
Phone:

Client Information

Client Name:
Address:
City: **State:** **Zip:**
Treating Physician:
Phone: **FAX:**
Referring Pathologist:
Lab Phone: **Lab FAX:**
Genetic Counselor:
Phone: **FAX:**

Billing Information

☐ Inpatient ☐ Outpatient ☐ Non-Hospital Procedure
Date of admission:_____ Date of discharge:_____

☐ **Bill Patient's Insurance - SEND COPY of insurance card or demographic sheet, as well as pre-authorization information**

☐ **Bill Client** – This is mandatory for all hospital inpatient or outpatients with Medicare.

NOTE: Claims can't be submitted to a Medicaid Program Outside of Iowa

Specimen Information

COLLECTION DATE: _____
COLLECTION TIME: _____ ☐ AM ☐ PM
BODY SITE: _____
SPECIMEN SOURCE: _____

☐ **PARAFFIN EMBEDDED TUMOR TISSUE**
☐ **PERIPHERAL BLOOD**
☐ **PRODUCTS OF CONCEPTION (POC)**
☐ **OTHER, please specify:**_____

CLINICAL INFORMATION

DIAGNOSIS/ICD-10 CODE(s):

DETAILED CLINICAL HISTORY (this is MANDATORY input):
Please either record below or include/attach required information

TEST MENU (check all that apply)

☐ CMA, Chromosomal Microarray (LAB8257)
Peripheral Blood (post-natal): Lavender top, EDTA; < 1 yr, 1-2mL; > 1 yr, 3-5mL
Tissue (POC): Sterile container

☐ Karyotype, Chromosome Analysis (LAB8256)
Peripheral Blood (post-natal): Green top, Na Heparin
Tissue (POC): Sterile container

FISH (Green top, Na Heparin)
☐ Aneuploidy Screen (21, 18, 13, X and Y)
☐ Angelman/Prader-Willi syndrome (SNRPN/D15S10)
☐ Crit du Chat syndrome (5p-)
☐ DiGeorge/ Velocardiofacial syndrome (TUPLE1) (22q11.2)
☐ Miller-Dieker syndrome (LIS)
☐ Smith Magenis syndrome (SMS)
☐ SRY (Yp11.3)
☐ Steroid Sulfatase (STS) [del(Xp22.3)]
☐ Williams syndrome (ELN)
☐ Wolf-Hirschhorn syndrome (4p-)
☐ OTHER individual FISH probe(s)*, please specify:
_____

MOLECULAR
☐ FMR1 Gene Analysis Characterization of Alleles with Interpretation (**Fragile X**)
☐ SNRPN/UBE3A Methylation Analysis **Angelman Syndrome** with Interpretation
☐ SNRPN/UBE3A Methylation Analysis **Prader-Willi** with Interpretation

For specific specimen/probe questions, contact the Cytogenetic Lab at 319-356-3877.
For all other inquiries, contact UIDL client services at 866-844-252

Medicare will only pay for the services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under the Medicare standards, Medicare will deny payment for that service or test.

The purpose of this form is to obtain information necessary for UIDL Pathology Department to perform consultations and/or testing. Failure to properly complete the form may cause delay in the processing of specimens.

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