

Clinical Molecular and Genomic Pathology

Website: http://ukhealthcare.uky.edu/genomics/ Phone: 859-323-5327 Fax: 859-257-0029

Email: cmgp@uky.edu

Shipping Address: 800 Rose Street, HA629 Lexington, KY 40536-0293

Chromosomal Microarray Test Requisition Form

Patient Information			Official Use Onl	Official Use Only		
First Name:	Last N	lame:	Received by:			
Address:				Complete	Incomplete	
			— Patient info			
			Clinical history			
			Physician info			
			Billing info			
			Preapproval required	Yes	No	
Gender	Male	Female	Preapproved	Yes	No	
Ancestry:	Caucasian	African American	If Medicaid/Medicare, medi	ical necessity provid	ded	
	Hispanic	Asian		Yes	No	
	Native American	Others:	Comments:			
Sample	Information		Billing Informa	tion		
Specimen Type			Institutional Bill			
Peripheral blood (EDTA)			Commercial Insurance			
Collection Date:	:	_ Time:	Patient Bill			
			Medicaid/Medic	care		
*Phlebotomist must initial tube to confirm sample identity			Note:			
Comments:			Provide all billing related information			
_			➤ For commercial insura	nce, preapproval re	quired. Test will not b	
			performed until preapp	proval is obtained		
			➤ For Medicaid/Medicare	e, medical necessity	should be provided	
Clinical	Information		Referring Physi	ician		
Diagnosis:			Name:			
Previous cytogenetic results, if any:		Address:		-		
Clinical and Fan	mily history, including su	spected or known				
consanguinity:			Phone:	Fax:		
			Email:			
			Requesting Physician/Gene	etic Counselor/Othe	er Contact name:	
			Phone:	Email:		
			Referring physician Signatu	ure (Required):		
(Attach conies	if needed)					

$Please\ check\ all\ that\ apply.\ This\ information\ is\ crucial\ for\ clinical\ interpretation\ of\ CMA\ results.$

Perinatal History:	Neurological:	Musculoskeletal:
Prematurity	Ataxia	Contractures
Intrauterine Growth Retardation	Dystonia	Club foot
Oligohydramnios	Chorea	Diaphragmatic hernia
Polyhydramnios	Hypotonia	Limb anomaly
Other:	Hypertonia	Polydactyly
	Cerebral palsy	Scoliosis
Growth:	Encephalopathy	Syndactyly
Failure to thrive	Neural tube defect	Vertebral anomaly
Overgrowth	Seizures	Other:
Short stature	Spasticity	
Other:	Structural brain anomaly	Cutaneous:
	Other:	Hyperpigmentation
Development:		Hypopigmentation
Fine motor delay	Cardiac:	Other:
Gross motor delay	Atrial septal defect	
Speech delay	Ventricular septal defect	Gastrointestinal:
Other:	Hypoplastic left heart	Gastroschisis
	Coarctation of aorta	Hirschsprung disease
Cognitive:	Tetralogy of Fallot	Omphalocele
Learning disability	Other:	Pyloric stenosis
Intellectual disability		Tracheoesophageal fistula
Other:	Craniofacial:	Other:
	Cleft lip	
Behavioral:	Cleft palate	Genitourinary:
Autism	Coloboma of eye	Ambiguous genitalia
Autism spectrum disorder	Craniosynostosis	Hydronephrosis
Psychiatric abnormality	Dysmorphic facial features	Hypospadias
Other:	Ear malformations	Kidney malformation
	Macrocephaly	Undescended testis
	Microcephaly	Urethral obstruction
	Other:	Other: