

REQUEST FOR CYTOGENETICS INVESTIGATION	M No.
	ACCOUNT NO. NRIC NO. NAME SEX/BIRTH DATE/RACE HOSPITAL/CLINIC DATE 1 ST REGISTERED
Clinical Diagnosis	Relevant History/Findings/Treatment
Signature and Name of Requesting Doctor	Date of Collection: Time of Collection:
	Consultant in Charge

INVESTIGATIONS/TESTS PLEASE (✓) REQUIRED SERVICES

FLUORESCENCE IN SITU HYBRIDIZATION (FISH) TESTS

Specimen Type: Blood
 Bone Marrow
 Others (Pls Specify) _____

CONSTITUTIONAL FISH

GB7020906Z FISH-ANEUPLODY (13/18/21/X/Y) (GROUP)
 GB7020907Z MICRODELETION FISH ADD-ON TEST (GROUP) in conjunction with chromosome analysis (Pls Specify) _____

CANCER/MALIGNANCY FISH

GB7020902Z INTERPHASE FISH/iFISH-Microdeletion (GROUP) (Pls Specify) _____
 GB7020904Z FISH ADD-ON TEST (GROUP) in conjunction with chromosome analysis (Pls Specify) _____
 GB7020908Z IFISH HER2/NEU (GROUP)
 GB7020915Z IFISH ALK (GROUP)

FISH PANEL

GB7020903Z FISH PANEL (GROUP) (Pls Specify, max 4 probes) _____
 GB7020909Z GLIOMA FISH PANEL (GROUP)
 GB7020911Z MM HYPERDIPOIDY FISH PANEL (GROUP)
 GB7020912Z CLL FISH PANEL (GROUP)
 GB7020913Z MDS FISH PANEL (GROUP)
 GB7020914Z EXPANDED MM FISH PANEL (GROUP)
 GB7020916Z CHOLANGIOCARCINOMA(GROUP)
 GB7020917Z COMBINED MM FISH PANEL (GROUP)
 GB7020918Z LUNG CANCER FISH PANEL (GROUP)
 GB7020919Z LYMPHOMA FISH PANEL (GROUP)

CHROMOSOME MICROARRAY ANALYSIS (CMA)

70209101 CMA-HAEMATOLOGICAL
 70209419 CMA-SOLID TUMORS

CHROMOSOME ANALYSIS

11000114 Amniotic fluid
 11000125 Chorionic villi
 11000136 Prods of conception / Postmortum specimen / skin
 11000226 Fetal cord blood / Neonate blood (\leq 3 mth)
 11000215 Congenital disorders (blood)
 11000237 Bone marrow / Bone core / Effusion Fluid
 70209402 Lymph node / Solid Tumor
 11000237 Haematological disorders (blood)
 11000147 Others* (Pls Specify) _____

PRENATAL DIAGNOSIS INFORMATION

Gestational age: _____ EDD: _____
 Last menstrual period: _____

INDICATION

Advanced maternal age
 Parental anxiety
 Abnormal ultrasound* (Pls Specify) _____
 F/h of genetic disorders
 Abnormal maternal serum screen
 Others* (Pls Specify) _____

OBSTETRIC HISTORY

Gravida _____ para _____
 Amount of amniotic fluid obtained _____ ml
 Appearance of amniotic fluid _____
 Amount of villi obtained _____ mg

Date and Time Received:
 Staff initials / Signature: