



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

**INVESTIGATIONS/TESTS PLEASE (✓) REQUIRED SERVICES**

**FLUORESCENCE IN SITU HYBRIDIZATION (FISH) TESTS**

Specimen Type:  Blood  
 Bone marrow  
 Others (Pls Specify) \_\_\_\_\_

**CONSTITUTIONAL FISH**

GB7020906Z IFISH-ANEUPLOIDY (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 (GROUP) (Pls Specify) \_\_\_\_\_  
 GB7020904Z IFISH ADD-ON TEST (GROUP) in conjunction with chromosome analysis (Pls Specify) \_\_\_\_\_  
 GB7020908Z IFISH HER2/NEU (GROUP)  
 GB7020915Z IFISH ALK (GROUP)

**FISH PANEL**

GB7020903Z IFISH PANEL (GROUP) (Pls Specify, max 4 probes) \_\_\_\_\_  
 GB7020909Z GLIOMA FISH PANEL (GROUP)  
 GB7020911Z MM HYPERDIPLOIDY 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  
 GB7020920Z KARY&CMA-CLL (GROUP)  
 GB7020921Z FISH&CMA-MM (GROUP)

**CHROMOSOME ANALYSIS**

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

**PRENATAL DIAGNOSIS INFORMATION**

Gestational age: \_\_\_\_\_ EDD: \_\_\_\_\_  
 Last menstrual period: \_\_\_\_\_

**INDICATION**

Advanced maternal age  
 Parental anxiety  
 Abnormal ultrasound findings\*(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:

3009-00-214-A (Dec 2015)