Clinical Molecular and Genomic Pathology

Website: http://ukhealthcare.uky.edu/genomics/
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Lexington, KY 40536-0293

Chromosomal Microarray Test Requisition Form

Patient Information

First Name: _____ Last Name: _____
Address: _____
_____
_____
Phone: _____
MR#:_____
DOB#: _____
Gender ○ Male ○ Female
Ancestry: ○ Caucasian ○ African American
○ Hispanic ○ Asian
○ Native American ○ Others: _____

Official Use Only

Received by: _____

	Complete	Incomplete
Patient info	○	○
Clinical history	○	○
Physician info	○	○
Billing info	○	○
Preapproval required	Yes ○	No ○
Preapproved	Yes ○	No ○

If Medicaid/Medicare, medical necessity provided
Yes ○ No ○

Comments: _____

Sample Information

Specimen Type
○ Peripheral blood (EDTA)
Collection Date: _____ Time: _____
Collector: _____
*Phlebotomist must initial tube to confirm sample identity
Comments: _____
_____

Billing Information

○ Institutional Bill
○ Commercial Insurance
○ Patient Bill
○ Medicaid/Medicare

Note:
- Provide all billing related information
- For commercial insurance, preapproval required. Test will not be performed until preapproval is obtained
- For Medicaid/Medicare, medical necessity should be provided

Clinical Information

Diagnosis: _____
Previous cytogenetic results, if any: _____
_____
Clinical and Family history, including suspected or known consanguinity: _____
_____
_____
_____
_____
_____
(Attach copies, if needed)

Referring Physician

Name: _____
Address: _____
_____
_____
Phone: _____ Fax: -_____
Email: _____
Requesting Physician/Genetic Counselor/Other Contact name:
_____
Phone: _____ Email: _____
Referring physician Signature (Required):
_____

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

Perinatal History:

- ○ Prematurity
- ○ Intrauterine Growth Retardation
- ○ Oligohydramnios
- ○ Polyhydramnios
- ○ Other: _____

Growth:

- ○ Failure to thrive
- ○ Overgrowth
- ○ Short stature
- ○ Other: _____

Development:

- ○ Fine motor delay
- ○ Gross motor delay
- ○ Speech delay
- ○ Other: _____

Cognitive:

- ○ Learning disability
- ○ Intellectual disability
- ○ Other: _____

Behavioral:

- ○ Autism
- ○ Autism spectrum disorder
- ○ Psychiatric abnormality
- ○ Other: _____

Neurological:

- ○ Ataxia
- ○ Dystonia
- ○ Chorea
- ○ Hypotonia
- ○ Hypertonia
- ○ Cerebral palsy
- ○ Encephalopathy
- ○ Neural tube defect
- ○ Seizures
- ○ Spasticity
- ○ Structural brain anomaly
- ○ Other: _____

Cardiac:

- ○ Atrial septal defect
- ○ Ventricular septal defect
- ○ Hypoplastic left heart
- ○ Coarctation of aorta
- ○ Tetralogy of Fallot
- ○ Other: _____

Craniofacial:

- ○ Cleft lip
- ○ Cleft palate
- ○ Coloboma of eye
- ○ Craniosynostosis
- ○ Dysmorphic facial features
- ○ Ear malformations
- ○ Macrocephaly
- ○ Microcephaly
- ○ Other: _____

Musculoskeletal:

- ○ Contractures
- ○ Club foot
- ○ Diaphragmatic hernia
- ○ Limb anomaly
- ○ Polydactyly
- ○ Scoliosis
- ○ Syndactyly
- ○ Vertebral anomaly
- ○ Other: _____

Cutaneous:

- ○ Hyperpigmentation
- ○ Hypopigmentation
- ○ Other: _____

Gastrointestinal:

- ○ Gastroschisis
- ○ Hirschsprung disease
- ○ Omphalocele
- ○ Pyloric stenosis
- ○ Tracheoesophageal fistula
- ○ Other: _____

Genitourinary:

- ○ Ambiguous genitalia
- ○ Hydronephrosis
- ○ Hypospadias
- ○ Kidney malformation
- ○ Undescended testis
- ○ Urethral obstruction
- ○ Other: _____