Hayward Genetics Center

Deliver specimens to: 1430 Tulane Ave.,
Room 5550 New Orleans, LA 70112
Phone: 504-988-5101: Fax 504-988-1763
Biochemical Genetics beeper: 504-501-6011

REPORTS TO: _____

_____

FAX TO: _____

PHONE #: _____

BILLING ADDRESS:

_____

_____

Patient Information

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ □ MALE □ FEMALE

DATE COLLECTED _____

HOSPITAL NAME//PATIENT# _____

PHYSICIAN _____

CLINICAL INDICATION FOR STUDY

_____

_____

CYTOGENETICS

SPECIMEN TYPE

□ Peripheral Blood □ Amniotic Fluid
□ Products of Conception □ Tissue

□ Bone Marrow (WBC Count: _____)
□ Leukemic Blood (WBC Count: _____)
□ Paraffin-embedded Tissue
□ Other: _____

PRENATAL STUDIES (Circle One)

*Gestational Age____wks by LMP ultrasound
□ FISH for Aneuploidy chr 13, 18, 21, X, Y
□ Chromosome analysis
□ Other: _____

POSTNATAL PERIPHERAL BLOOD STUDIES

□ Routine chromosome analysis
□ High resolution chromosome analysis

CANCER CYTOGENETIC STUDIES

□ Chromosome analysis

OTHER: _____

FLUORESCENCE IN SITU HYBRIDIZATION

Syndrome	Structural Aberration
□ Cri-du-chat	del(5)(p15)
□ DiGeorge	del(22)(q11.2)
□ Prader-Willi/Angelman	del(15)(q11-q13)
□ Smith-Magenis	del(17)(p11.2)
□ Williams	del(7)(q11.23)

MOLECULAR GENETICS

SPECIMEN TYPE

□ Peripheral Blood □ Leukemic Blood
□ Bone Marrow □ Other: _____

CHROMOSOMAL MICROARRAY (aCGH+SNP)

□ Whole Genome Microarray Analysis

DISEASE-SPECIFIC STUDIES

□ Fragile X Syndrome
□ Prader-Willi/Angelman Syndrome (Methylation PCR)
□ Cystic Fibrosis 39 mutations* (Ethnicity: _____)
**Informed Consent required.*

HEMATOLOGICAL STUDIES

□ JAK2 (**PCR-RFLP**)
□ Myeloid Neoplasm Sequencing Panel* (**NGS**)
**Call to confirm the genes in the panel*

BIOCHEMICAL GENETICS

SPECIMEN TYPE

□ Blood □ Plasma □ Serum
□ CSF □ Urine □ Dried Blood Spot (DBS)

QUANTITATIVE AMINO ACIDS

□ Plasma □ Urine □ CSF
□ DBS (MSUD & PKU only)

ORGANIC ACIDS

□ Urine Organic acids (GC/MS)

ENZYME STUDIES/ OTHER METABOLICS

Disease - Assay

□ **Biotinidase Deficiency** - Biotinidase
□ **Galactosemia (RBCs)** - Galactose-1-Phosphate Uridyltransferase (GALT)
□ **Galactosemia monitoring** - Galactose-1-Phosphate(G-1-P)
□ **Galactosemia Screening Panel** - GALT and G-1-P
□ **Congenital Disorders of Glycosylation Screening –** Transferrin Isoelectric Focusing (plasma)