



NATIONWIDE CHILDREN'S

### Laboratory Services

700 Children's Drive, Columbus, Ohio 43205

P: (614) 722-5477 / (800) 934-6575

F: (614) 722-5478 / (877) 722-5478

NationwideChildrens.org/Lab

Ship samples to the CPA Lab, Room C1955

Practice/ Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Please Mark Billing Option:

Patient Bill: \_\_\_\_\_ / Client Bill \_\_\_\_\_

Patient Information	Parent/Guardian / Billing Information
Legal Last Name:	Guardian Legal Last Name:
First Name: MI:	Guardian First Name: MI:
MRN/ Patient ID:	Patient Relationship:
DOB:	Guardian Contact Phone #: ( )
Address:	Subscriber Legal Last Name:
City, State, Zip:	Subscriber First Name and MI:
Phone #: ( )	Subscriber DOB: Sex: [ ] Male [ ] Female
Race:	Subscriber Social Security #:
Ethnicity:	Subscriber Phone #: ( )
Sex: [ ] Male [ ] Female	Subscriber Address (if different from patient):
<b>Specimen Information</b>	Insurance Co. Name:
Collection Date: Time: [ ] AM [ ] PM	Policy #: Group #:
Collected By (full name):	Insurance Address:
Storage Temp: [ ] Refrigerated [ ] Frozen [ ] Room Temperature	Secondary Insurance Co. Name:
Mother of child seen by NCH Fetal Center	

## PRODUCTS OF CONCEPTION (POC)/FETAL TISSUE REQUISITION

Select all of the Cytogenetic and/or Pathology studies requested for tissue specimens.

See POC/Fetal Tissue Procedure Manual for detailed specimen collection instructions.

The Anatomic Pathology examination includes a gross description and microscopic examination of submitted tissues. Always include placenta when available.

For Cytogenetic studies: 1 cm cube sample from the placenta AND the fetus/cord (if identifiable); always include chorionic villi if possible.

### CYTOGENETIC STUDIES at NCH

\*For POC Microarray Analysis, please also submit a maternal blood sample (4mL EDTA)

Select desired testing from either Option 1 **OR** Option 2:

Option 1: [ ] POC Microarray Analysis\*

[ ] Add on 5-Cell Chromosome Analysis

Option 2: [ ] POC Chromosome Analysis, Full Study (20 cells)

[ ] Reflex to POC Microarray Analysis\* *IF* chromosomes fail

[ ] Reflex to POC Microarray Analysis\* *IF* chromosomes fail **OR** are normal

### PATHOLOGY STUDIES at NCH

[ ] Pathology examination for tissue specimen

[ ] Pathology consult of slides and/or tissue specimen

PLEASE CHECK TISSUE SUBMITTED [ ] Fetus [ ] Placenta

#### Additional Report to Primary OBGYN or PCP

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

[ ] REQUEST FOR OTHER TESTING (must specify) \_\_\_\_\_

GESTATION: \_\_\_\_ wks \_\_\_\_ days; GRAVIDA: \_\_\_\_ PARA: \_\_\_\_ SAb: \_\_\_\_ EAb: \_\_\_\_; FETAL SEX: [ ] Male [ ] Female [ ] Unknown

INDICATIONS FOR STUDY (include relevant clinical & family history): \_\_\_\_\_

FOR CYTOGENETIC STUDIES, ALWAYS SUBMIT FRESH SAMPLE (testing will not be completed on frozen or formalin fixed samples)

Specify Specimen Type Submitted: [ ] Fresh Tissue [ ] Amniotic fluid from fetal demise [ ] Other (specify) \_\_\_\_\_

Tissue Type Submitted: Container A. \_\_\_\_\_ Container B. \_\_\_\_\_ Container C. \_\_\_\_\_

Any specimen which includes a fetus > 20 weeks gestation REQUIRES an **autopsy permit** (see POC manual for instructions) and a copy of the mother's chart including current and past pregnancy history, delivery notes and any pertinent clinical findings including suspected diagnosis.

#### DISPOSITION OF REMAINS (Choose One):

NOTE: If specimen does NOT contain any fetal tissue, the lab will treat sample as surgical specimen and dispose of accordingly.

[ ] Return remains to \_\_\_\_\_ Hospital.

[ ] Release remains to funeral home. Name, Address & Phone# of Funeral Home: \_\_\_\_\_

[ ] Treat as surgical specimen and dispose of accordingly

\*\*Please note: The attending physician below should expect a copy of the report to discuss findings with the patient.

Diagnosis / ICD-10 \_\_\_\_\_ \*\*Attending Physician (Print Name) \_\_\_\_\_ Physician's Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_