

Chromosome Analysis Patient History Form

**LABORATORY OF MEDICAL GENETICS
PATIENT HISTORY FORM FOR CHROMOSOME ANALYSIS**

(Please include all the following information.)
(This form must accompany the specimen.)

Patient's Name: _____
Patient's Address: _____

Date of Birth: _____
Race: _____
Sex: _____

Name and mailing address of requesting Physician:

Phone #: _____

Type of specimen (blood, bone marrow, etc.): _____

Date and time of specimen collection: _____

Brief clinical summary and/or suspected diagnosis: _____

If the specimen is for Philadelphia chromosome analysis, please include the patient's most recent WBC and Differential, if available.

Special tubes for bone marrow specimens are available. Blood specimens (5-10 cc) should be shipped in a SODIUM HEPARINIZED VACUTAINER®. Specimens collected in lithium heparin cannot be used for chromosome analysis. Specimens should be transported as soon as possible at room temperature. For best results, chromosome analysis should commence the same day the specimen is drawn.

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