



**Patient:**

**Physician information:**

### Request form for prenatal chromosome and FISH analysis

**Type of sample:**

- amniotic fluid (10-20 ml)
- tissue of abortion (at least 50 mg)
- chorionic villi (20-50 mg)
- fetal tissue

**„consent form for genetic testing“ signed by the patient is required!**

**Number of fetuses:** \_\_\_\_\_ **LMP:** \_\_\_\_\_ **Gestational age:** \_\_\_\_\_

**Test(s):**

- Microscopic chromosome analysis
- Chromosome analysis + FISH 13 / 18 / 21 / X / Y
- FISH for a specific chromosome/region:  
please specify: \_\_\_\_\_

**Indication/Diagnosis:**

- maternal age
- abnormal serum screening
- abnormal ultrasound findings
- previous child with a chromosome anomaly
- previous pregnancy with a chromosome anomaly
- recurrent fetal demise
- other clinical indication (please specify below)

**Detailed information:**

**Sampling date / time:** \_\_\_\_\_ **Signature:** \_\_\_\_\_