

INSTITUT FÜR IMMUNOLOGIE UND GENETIK
Kaiserslautern

MEDIZINISCHES LABOR
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Patient:

Physician information:

Referral form for chromosome analysis and FISH

Type of sample:

- | | |
|--|---|
| <input type="checkbox"/> Amniotic Fluid | <input type="checkbox"/> Products of Conception |
| <input type="checkbox"/> Chorionic Villi | <input type="checkbox"/> Fetal Tissue |

Sampling date: _____

LMP: _____

Number of fetuses: _____

Gestational age by LMP: _____

Test(s):

- Chromosome analysis
- Chromosome analysis + Interphase-FISH

Biochemistry:

- Acetylcholinesterase (ACHE)
- Alpha fetoprotein (AFP)

Indication/Diagnosis:

- | | |
|---|---|
| <input type="checkbox"/> Maternal age | <input type="checkbox"/> Previous child with a chromosome anomaly |
| <input type="checkbox"/> Abnormal serum screening | <input type="checkbox"/> Previous pregnancy with a chromosome anomaly |
| <input type="checkbox"/> Abnormal ultrasound findings | <input type="checkbox"/> Maternal concern |

Detailed Information:
