



Institute of Immunology and Genetics, P.O. box 2565, 67613 Kaiserslautern | Pfaffplatz 10, 67655 Kaiserslautern

Requesting physician:

Patient:

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“ required (available on www.immungenetik-kl.de)

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
- chromosomal anomaly in patient or partner (e.g. balanced translocation)
- previous pregnancy / child with a chromosome anomaly
- recurrent fetal demise
- other clinical indication (please specify below)

further clinical informations:

Sampling date / time: _____ **Signature:** _____