

Patient Label

or fill in Patient Information below

Cytogenetics Requisition

Phone 501.526.8000 Fax 501.526.7468

The University Hospital of Arkansas Cytogenetics Laboratory

5800 W 10th Street, Suite 200, Freeway Medical Tower, Little Rock, AR 72204 mail slot 834



UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

PATIENT INFORMATION

Patient name: _____ MRN: _____

DOB: _____ Sex: Male Female Unknown

ACCOUNT INFORMATION

Authorizing Provider (PRINT): _____

Authorizing Provider (SIGN): _____

Provider NPI: _____

Institutional Account to Bill: _____

Account Contact Name: _____ Account Contact Phone: _____

If you wish UAMS to bill for testing on outpatient with Medicaid, the following information is required:

Medicaid Plan Name: _____ Plan ID #: _____

TESTING REQUESTED

CHROMOSOME ANALYSIS (KARYOTYPE) METABOLICS/GENETICS TESTING

SPECIMEN INFORMATION

Clinical Diagnosis (REQUIRED): _____ ICD-10 code: _____

Collection Date: _____ Collection time: _____ Collector: _____

NEOPLASIA (CANCER)	CONSTITUTIONAL	METABOLICS (fibroblasts)
<p><i>UAMS Transport Medium or Sodium Heparin Vacutainer</i></p>	<p><i>Sodium Heparin Vacutainer Infants: 2-3cc Adults: 5cc</i></p>	<p><i>Sterile collection; submit in UAMS Transport Medium or Sterile Saline. If same day delivery is not possible, refrigerate overnight.</i></p>
<p><input type="checkbox"/> Bone Marrow Aspirate <i>specify site:</i></p> <p><input type="checkbox"/> Fine Needle Aspirate <i>specify site:</i></p> <p><input type="checkbox"/> Leukemic Blood 10cc, >5% blasts</p> <div data-bbox="71 1486 524 1654" style="border: 1px solid black; padding: 5px;"> <p align="center">Solid Tissue</p> <p><i>Sterile collection; submit in UAMS Transport Medium or Sterile Saline. If same day delivery is not possible, refrigerate overnight.</i></p> </div> <p><input type="checkbox"/> Lymph Node: <i>specify site</i></p> <p><input type="checkbox"/> Solid Tumor: <i>specify site</i></p> <p><input type="checkbox"/> Other: <i>specify</i></p> <p>_____</p>	<div data-bbox="602 1205 1052 1251" style="border: 1px solid black; padding: 2px;"> <p align="center">Peripheral Blood</p> </div> <p><input type="checkbox"/> Standard Analysis</p> <p><input type="checkbox"/> Rapid Analysis (48-72 hrs) + Standard Analysis (included)</p> <div data-bbox="602 1486 1052 1654" style="border: 1px solid black; padding: 5px;"> <p align="center">Solid Tissue</p> <p><i>Sterile collection; submit in UAMS Transport Medium or Sterile Saline. If same day delivery is not possible, refrigerate overnight.</i></p> </div> <p><input type="checkbox"/> Skin</p> <p><input type="checkbox"/> Products of Conception</p> <p><input type="checkbox"/> Other: <i>specify tissue type</i></p> <p>_____</p>	<p><input type="checkbox"/> Skin</p> <p><input type="checkbox"/> Other: <i>specify tissue type</i></p> <p>_____</p> <div data-bbox="1127 1451 1539 1493" style="border: 1px solid black; padding: 2px;"> <p align="center">Flask send out information</p> </div> <p>Number of flasks required: _____</p> <p>Contact information when flasks are ready: <i>required</i></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p>

Specimen procurement details:

<https://clinlab.uams.edu/departments/cytogenetics-laboratory/>