CLINICAL CYTOGENETICS LABORATORY
NIH/NCI/CCR LABORATORY OF PATHOLOGY
TEST REQUEST FORM

DATE AND TIME SPECIMEN OBTAINED	WARD/CLINIC	
SPECIMEN DESCRIPTION		
PATIENT NAME	SEX	RACE
IDENTIFICATION NO.	DOB	AGE
DIAGNOSIS		
BRIEF CLINICAL HISTORY/PERTINENT LABORATORY RESULTS		
ATTENDING PHYSICIAN		
MAILING ADDRESS		
PHONE NO.	BEEPER NO.	

TEST REQUESTED (CHECK ONE)

	PERIPHERAL BLOOD – CONSTITUTIONAL KARYOTYPE
	PERIPHERAL BLOOD – MITOMYCIN – C/DIEPOXYBUTANE SENSITIVITY
	PERIPHERAL BLOOD – SISTER CHROMATID EXCHANGE ANALYSIS
	PERIPHERAL BLOOD – CANCER KARYOTYPE
	SKIN – CONSTITUTIONAL KARYOTYPE
	BONE MARROW – HEMATOLOGIC DISORDER/CANCER KARYOTYPE
	NEOPLASTIC TISSUE – CANCER KARYOTYPE

NOTE: Please call the laboratory at 301-435-3711 to schedule the test 24 hours in advance of obtaining the specimen. Also, call the laboratory when the specimen is obtained, and we will come to pick it up.