

Clinical Questionnaire for Prenatal SNP Microarray

This form should be completed when SNP-based chromosome microarray testing is ordered (Test number 510100, 510110, 510200, 511555, or 511590). This form should be completed by the ordering physician's office and should accompany the specimen. Please call 800-345-4363 with any questions and ask to speak to a cytogenetics genetic counselor.

Patient's name _____ Date of birth _____

Name of person completing form _____

Physician's signature _____ GC/ Physician's telephone _____

Specimen Type: ☐ Amniotic Fluid ☐ Chorionic Villi ☐ Fetal Blood ☐ POC Fetal Gender: ☐ Male ☐ Female ☐ Unknown

Primary Indication _____ Gestational Age _____

G _____ P _____ Is this a twin/multiple pregnancy? ☐ Yes ☐ No If yes, ___MZ ___DZ ___ unknown

Was pregnancy achieved through ART? If so, how: ☐ egg donor ☐ sperm donor ☐ IVF ☐ ICSI

Ultrasound Abnormalities (if abnormal, please check and describe the abnormality in the space provided)

- | | |
|--|--|
| <input type="radio"/> Head _____ | <input type="radio"/> Kidneys _____ |
| <input type="radio"/> Brain _____ | <input type="radio"/> Bladder _____ |
| <input type="radio"/> Face _____ | <input type="radio"/> Genitalia _____ |
| <input type="radio"/> Spine _____ | <input type="radio"/> Extremities _____ |
| <input type="radio"/> Neck/Skin _____ | <input type="radio"/> Skeleton _____ |
| <input type="radio"/> Thorax _____ | <input type="radio"/> Amniotic Fluid _____ |
| <input type="radio"/> Heart _____ | <input type="radio"/> Cord _____ |
| <input type="radio"/> Abdominal Wall _____ | <input type="radio"/> Fetal Growth _____ |
| <input type="radio"/> GI-tract _____ | <input type="radio"/> Movement _____ |

If other ultrasound abnormality, please describe _____

Significant Pregnancy History

Medications/Exposures ☐ Yes ☐ No If yes, please describe _____

Maternal Illness/Infection ☐ Yes ☐ No If yes, please describe _____

Abnormal Maternal Serum Screening ☐ Yes ☐ No If yes, indicate results _____

Chromosome results (if known)

Current pregnancy _____ Date performed _____ Lab _____

Previous pregnancy _____ Date performed _____ Lab _____

Parental Chromosomes: Maternal _____ Date performed _____ Lab _____

Paternal _____ Date performed _____ Lab _____

Significant Family History

Maternal _____

Paternal _____

Other Children _____

Prenatal SNP microarray can detect identity by descent.

Are the parents known to be related? If so, how _____



www.LabCorp.com