



Reproductive Genetics  
 500 Red Creek Drive, Ste. 200  
 Rochester, NY 14623  
 585-487-3480 (Phone) 585-334-6292 (Fax)

**FOR OFFICE USE ONLY** Date \_\_\_\_\_ T# \_\_\_\_\_

CNSLG Date: \_\_\_\_\_ RC SMH RGH  
 US/Amnio Date: \_\_\_\_\_ RC SMH RGH  
 CVS Date: \_\_\_\_\_ RC SMH RGH  
 1<sup>st</sup> Screen Date: \_\_\_\_\_ RC SMH RGH  
 Counselor: \_\_\_\_\_  
 11 wks. 12 wks. 13wks. 16wks.

**PATIENT INFORMATION**

SMH# \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home # \_\_\_\_\_ Wk# \_\_\_\_\_  
 \_\_\_\_\_ ZIP \_\_\_\_\_ Cell# \_\_\_\_\_ **Pregnant?**  Yes  No  
 Father of Fetus Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
**Patient Insurance:** \_\_\_\_\_ Authorization: \_\_\_\_\_

**REASON FOR REFERRAL**

- Advanced Maternal Age
- Prior Spontaneous Abortions
- Family History of: \_\_\_\_\_  
 Relative Affected: \_\_\_\_\_
- Patient Desires 1<sup>st</sup> Trimester Screen
- Medication/Teratogen Exposure \_\_\_\_\_
- Positive 1<sup>st</sup> Trimester Screen For (Circle Below):  
 Down Syndrome Trisomy 18
- Positive AFP+ Quad Screen For (Circle Below):  
 NTD Down Syndrome Trisomy 18
- Abnormal Ultrasound: \_\_\_\_\_  
 \_\_\_\_\_ (**Fax Report** to 585-334-6292)
- Patient CF Carrier  
 Mutation: \_\_\_\_\_ (**Fax Report** to 585-334-6292)

**PREGNANCY HISTORY**

LMP: \_\_\_\_\_ Ultrasound Date: \_\_\_\_\_ Gest. Age @ U/S: \_\_\_\_\_  
 Gravida \_\_\_ Full Term \_\_\_ Premie \_\_\_ Sp.AB \_\_\_ El.AB \_\_\_ Living \_\_\_ **Blood Type:** \_\_\_\_\_ Rhogam Needed?  
 (Circle) Yes No  
 Children with Birth Defects? (Describe) \_\_\_\_\_  
 Medications this Pregnancy? \_\_\_\_\_

**REFERRING PHYSICIAN:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 MD Signature: \_\_\_\_\_

**LABORATORY INFORMATION** (To be filled out by Reproductive Genetics)

Specimen Type:  Amniotic Fluid  CVS  Blood  Tissue \_\_\_\_\_  
 Date Collected: \_\_\_\_\_ Test(s) Requested:  Routine Chromosomes  AFAFP  FISH (13,18,21,X,Y)  
 Other FISH \_\_\_\_\_  Other \_\_\_\_\_

**\*\*FILL OUT ALL EXCEPT BOTTOM SECTION. FAX TO REPRODUCTIVE GENETICS 585-334-6292\*\***