SUPRATECH

TEST REQUISITION FORM FOR PRODUCTS OF CONCEPTION (POC)

Name of patient: _____ Age: _____

Husband Name: _____

Full address: _____

_____

Telephone number: _____

Test:

- ☐ Karyotyping POC
- ☐ Molecular Karyotyping/ NGS (Next Generation Sequencing) POC

Clinical Information: Abortion Date: _____ Collection Date: _____

LMP Date: _____

Full Address of the clinic: _____

_____ Telephone No.: _____

Clinical History (if any):

_____

_____

Attestation:

I attest that the information given in this form is true and this patient has been informed about the diagnostic procedure & tests.

Sign of Patient

Sign and Stamp of Clinician

Note: Tissue: Skin or solid tissue obtained by sterile biopsy should be placed in normal saline inside a sterile container. Place it in a box with cool packs and transport to the Cytogenetics Laboratory.