

Clinical Questionnaire for Prenatal SNP Microarray

This form should be completed when SNP-based chromosome microarray testing is ordered (tests 510100, 510110, 510160, 052090, and 052190). The 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: _____

Physician signature is required on printed form

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? _____ Yes _____ No

If so, how: _____ Egg donor _____ Sperm donor _____ IVF _____ ICSI

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

_____ Head _____

_____ Kidneys _____

_____ Brain _____

_____ Bladder _____

_____ Face _____

_____ Genitalia _____

_____ Spine _____

_____ Extremities _____

_____ Neck / Skin _____

_____ Skeleton _____

_____ Thorax _____

_____ Amniotic fluid _____

_____ Heart _____

_____ Cord _____

_____ Abdominal wall _____

_____ Fetal growth _____

_____ GI tract _____

_____ 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? _____ Yes _____ No

If so, how: _____