



Laboratory Services

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PRODUCTS OF CONCEPTION (POC) FETAL TISSUE REQUISITION – INTERNAL FORM

Form with sections: PATIENT FULL NAME AND SECOND IDENTIFIER, REQUESTING PHYSICIAN INFORMATION, CLINICAL INFORMATION, SPECIMEN INFORMATION. Includes fields for last name, first name, DOB/MRN, physician name, email, phone, fax, signature, clinical history, priority, collection date, collector's name, etc.

PRODUCTS OF CONCEPTION (POC)/FETAL TISSUE REQUISITION

Select all of the Cytogenetic and/or Pathology studies requested for tissue specimens.

See POC/Fetal Tissue Procedure Manual for detailed specimen collection instructions.

The Anatomic Pathology examination includes a gross description and microscopic examination of submitted tissues. Always include placenta when available.

For Cytogenetic studies: 1 cm cube sample from the placenta AND the fetus/cord (if identifiable); always include chorionic villi if possible.

CYTOGENETIC STUDIES at NCH

If ordering Microarray Analysis, please also submit maternal blood sample (4mL EDTA)

- [] Chromosome analysis (karyotype) for POC specimen
[] Reflex to Microarray analysis ONLY if karyotype fails
[] Reflex to Microarray analysis if karyotype fails OR is normal

- [] Microarray analysis for POC specimen, with 5-cell abbreviated karyotype
[] Microarray analysis for POC specimen, with NO KARYOTYPE

[] REQUEST FOR OTHER TESTING (must specify)

GESTATION: ___ wks ___ days; GRAVIDA: ___ PARA: ___ SAb: ___ EAb: ___; FETAL SEX: [] Male [] Female [] Unknown

INDICATIONS FOR STUDY (include relevant clinical & family history):

FOR CYTOGENETIC STUDIES, ALWAYS SUBMIT FRESH SAMPLE (testing will not be completed on frozen or formalin fixed samples)

Specify Specimen Type Submitted: [] Fresh Tissue [] Amniotic fluid from fetal demise [] Other (specify)

Tissue Type Submitted: Container A. Container B. Container C.

Any specimen which includes a fetus > 20 weeks gestation REQUIRES an autopsy permit (see POC manual for instructions) and a copy of the mother's chart including current and past pregnancy history, delivery notes and any pertinent clinical findings including suspected diagnosis. DISPOSITION OF REMAINS (Choose One): NOTE: If specimen does NOT contain any fetal tissue, the lab will treat sample as surgical specimen and dispose of accordingly. [] Return remains to Hospital. [] Release remains to funeral home. Name, Address & Phone# of Funeral Home: [] Treat as surgical specimen and dispose of accordingly