CMC
CATHOLIC MEDICAL CENTER
Laboratory Services

PATHOLOGY
PRODUCTS OF CONCEPTION
Monadnock Community Hospital

603-663-7396 Phone
603-663-8131 Fax

Patient Name* _____ **Sex*** ____ **DOB*** ____/____/____

Patient Address_____ **City**_____ **State**_____ **Zip Code**_____

Requesting Doctor* _____ **Referring/Attending Doctor**_____

Copies to: (Must provide complete name and address) _____

Fax: _____ **Call:** _____

Primary Insurance* _____ **Policy #**_____ **Group #**_____

Insurer Address* _____

Subscriber Name_____ **Relation to Patient**_____ **State**_____

Secondary Insurance_____ **Policy #**_____ **Group#**_____

Subscriber Name_____ **Relation to Patient**_____ **State**_____

Specimen Information *	Collection Date:	Collection Time:	Received Date:	*ICD-10 Code(s)

Specimen source:* ☐ Products of conception (<20 weeks gestational age)

Gestational age:* _____

Testing:

☐ **Pathology only**

Specimen requirement: FORMALIN, room temperature

Required paperwork: CMC Pathology Products of Conception Requisition

☐ **Pathology and Reveal® SNP Microarray Chromosome Analysis**

Indications: Fetal loss/stillbirth; identification of genomic imbalance or androgenic chromosome origin in partial or complete molar pregnancies; phenotypic abnormalities with apparently balanced chromosome rearrangements or unidentified marker chromosomes.

Specimen requirement: FORMALIN, room temperature

Required paperwork: 1-Reveal SNP Microarray Clinical Questionnaire- completed by the ordering physician
2-Integrated Genetics test requisition- completed by the ordering physician

☐ **Pathology and Cytogenetics (karyotyping)**

Indications: History of more than two miscarriages, abnormalities on ultrasound prior to pregnancy loss, confirmation of abnormal prenatal results or pregnancy loss after IVF.

Specimen requirement: FRESH TISSUE IN STERILE SALINE or Hanks solution (RPMI Media), keep refrigerated

Required paperwork: CMC Pathology Products of Conception Requisition

Clinical Information:*

☐ Advanced maternal age (≥35) ☐ gravida 1 ☐ gravida 2+

☐ Abnormal maternal serum/first trimester screen. Increased risk of ☐ NTD ☐ Down Syndrome ☐ Trisomy 18 ☐ Other_____

☐ Abnormal fetal ultrasound: ☐ CNS ☐ Heart ☐ Genitourinary ☐ Growth/skeletal ☐ Oligohydramnios/polyhydramnios ☐ Other_____

☐ Multiple SABs (Spontaneous abortion)

☐ Fetal loss/Stillbirth (POC) ☐ <22 weeks ☐ >22 weeks

Fields Marked with the Asterisk are MANDATORY. Specimens submitted without complete information may not be processed