



**GEORGETOWN UNIVERSITY MEDICAL CENTER
INSTITUTE FOR MOLECULAR AND HUMAN GENETICS
MOLECULAR GENETICS LABORATORY**

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<http://clinicaldiagnostics.georgetown.edu>

FISH ANALYSIS REQUEST FORM

CPT Codes for FISH Microdeletion analysis: 88230, 88271, 88273, 88291

Patient Name:

Address:

DOB:

Gender:

Referring Physician's Name:

Address:

Phone Number:

Fax number:

Genetic Counselor's Name:

Phone Number:

Clinical Symptoms of Greig Syndrome:

Clinical Symptoms of Smith Magenis Syndrome:

I certify that the patient has given informed consent for the testing requested.

Physician's signature