

TEST REQUISITION FORM

PRODUCTS OF CONCEPTION (POC)

PATIENT DETAILS		
Patient Name Age YYMM YYMM YYMM YYMM		
Husband Name Age /		
Address Contact No.		
REFERRING CLINICIAN (In BLOCK letters)		
Clinician's Name Clinic Address Contact No.		
TEST REQUESTED —		
Karyotyping POC by NGS (Next Generation Sequencing) Karyotyping by Microarray Rapidsure Constitutional (350k) Karyotyping by Microarray Rapidsure DeepDive (750k)		
CLINICAL INFORMATION —		
Abortion Date / / / / / Collection Date / / / / / / / / / / / / / / / / / / /		
LMP Date / / / / Gestational Date / / / / / / / / / / / / / / / / / / /		
Reason for Abortion: Missed abortion Spontaneous abortion Congenital abnormalities Other		
Autopsy done: ☐ Yes ☐ No		
Autopsy findings:		
Consanguinity: □Yes □No		
Previous obstetric history:		

Neuberg Centre for Genomic Medicine (NCGM)

Near GTPL House, Opp. Armedia, Sindhu Bhavan Road, Bodakdev, Ahmedabad 380059 Phone: +91-6357244307, 079-61618111 | Email: contact@ncgmglobal.com | Web: www.ncgmglobal.com



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	_ FAMILY HISTORY
Parents karyotype report: □ Done	□Not Done
Karyotype report findings	
ATTESTATION attest that the information given in this procedure & tests.	orm is true and this patient has been informed about the diagnostic
Sign of Patient	Sign & Stamp of Clinician
Note: Tissue: Skin or solid tissue obtained by sterile b and transport to the Laboratory.	iopsy should be placed in normal saline inside a sterile container. Place it in a box with cool pack

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