Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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Beth Israel Deaconess Medical Center
Cytogenetics Laboratory For Fanconi Anemia Testing

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Website: https://www.bidmc.org/centers-and-departments/pathology

FANCONI ANEMIA- CHROMOSOME BREAKAGE TEST REQUSITION FORM

Please Print	**Laboratory Use Only**
Patient name______________________	**BIDMC Lab Accession #**__________________
Date of Birth:______________	**Medical Record #**___________________
Sex: M________**F**_________	**Sample Collection Date:**____________
Check Sample Type:	**Check all that are appropriate:**
☐ **Blood** ☐ **Fibroblast Culture**	☐ **Small, short stature** ☐ **Skin spots (hypopigmentation and/or café au lait spots)**
ICD10 code_____________________ **Diagnosis:**______________________	**Abnormality:** ☐ **Skeletal** ☐ **Thumb**
WBC count:__________________	☐ **Low Blood Count**
Hospital Billing Information:	☐ **Kidney Ultrasound Abnormality**
Name_______________________ **Address**____________________ ______________________________ **Billing Fax#**___________________	**Referring Physician**_______________________ **NPI#** _______________________ **Department**___________________________ **Phone**________________________________
Result Fax#_____________________	**Signature**_____________________________

Laboratory Use Only

Mailing Address:
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