

Proband's name: ____ Physician/GC: _____

Postmortem Pre-test Form

Please use this optional pre-test form when inquiring about postmortem genetic testing at Ambry. By completing this form, our laboratory staff can review your case and determine the best testing approach.

To speak with a genetic counselor, please reach out to your local Genetic Specialist or call +1 (949) 900-5500.

Phone number: Fax number: Email:

Additional information on specimens and testing available at www.ambrygen.com/postmortem.

Once completed, please fax to 949-900-5501 or email to postmortem@ambrygen.com. Please allow 1-2 business days for a response.

_____ Date of birth: _____ Date of death: ___

*Test to be ordered:	Is this a legal case?	
Specimens		
ypes, listed on our website. Below, pleas	do not accept, our preferred sample types, accepted se include information regarding the catalog of sample be of tube, frozen or room temp, number of times frozen	es available from the autopsy, and how that
SAMPLE	STORAGE METHOD/ STORAGE CONDITIONS	ADDITIONAL NOTES
The following is required before testing can b	egin. Please use this checklist as a guide to collect all required	documents and information:
☐ Test Requisition Form (TRF)		
☐ Any relevant clinic notes☐ Pathology - autopsy report (required)		

Once completed, please fax the information in the checklist above to to 949-900-5501 or email to postmortem@ambrygen.com

Due to the technical challenges in working with various postmortem specimens, turnaround times (TAT) for postmortem cases may be up to double the standard TAT of our panels.

* Larger panels are highly recommended