

Prenatal Case Intake Form

Please use this intake form when planning to send a prenatal test to Ambry Genetics. By completing this form, our laboratory staff can review your case, determine if director approval is needed, and alert the lab of the incoming samples. If you have questions, please call 949-900-5500.

Maternal Cell Contamination (MCC) studies are required for every prenatal sample, please send a blood or saliva sample from the pregnant person.

We cannot perform SNP array, Fragile X (FMR1), or RNA testing on prenatal specimens.

Information on specimen requirements can be found at www.ambrygen.com/providers/specimen-requirements and click 'Prenatal'. Once completed, please fax to: 949-271-5621.

Today's Date: _____

Patient (pregnant person) Information:

Name: _____

DOB: _____

Current Gestational Age: _____

Estimated Date of Delivery: _____

Type of Specimen to be sent:

Cultured Amniocytes CVS (direct) CVS (cultured) Other: _____

Please note- we do not accept uncultured amniotic fluid.

Planned Collection Date: _____

Ultrasound Findings/Relevant Clinical Information:

Test Name/Test Code: _____

Gene & variant: _____

If previously tested at Ambry, please provide the following:

Name: _____

DOB: _____

Accession Number: _____

Additional Samples to be sent

Maternal sample for MCC

Positive Control - Name: _____ DOB: _____

Additional Specimen (i.e. paternal, gestational carrier, etc.) -

Name: _____ DOB: _____

Payment Type: _____

Insurance Payer (If applicable): _____

Ordering Team Information

Ordering Provider Name: _____

Institution: _____

Email Address: _____

Phone Number: _____

U.S. State Ordering Provider is Located in: _____

U.S. State Patient is Located in: _____