



Case Identifier: (to be completed by CAP)

Clinical Information for Cases Submitted for Use in CY Surveys

Karyotype:

Specimen type:

Clinical Information

Patient age:

Patient sex:

Gestational age:
(if applicable)

Case history / Indication for testing:

Additional pertinent information:

Number of G-banded cells provided:

Please provide unenhanced and enhanced .jpg and .tiff metaphase images and a karyogram of each cell being submitted.

Submitting Information

Submitting Laboratory Name:

Submitting Laboratory Address:

Contact Name:

Contact Phone:

Contact email:

Submit images and completed clinical information form to:

Jaimie Halley
jhalley@cap.org
College of American Pathologists
Surveys Department
325 Waukegan Road
Northfield, IL 60093