FLOW SHEET FOR BWS REPORTS

ID#:			Technician Name:			
Date Rec'D:		F	Ready for Review Date:			
Sample Type:	Blood			Amnio Direct or culture	Other:d	
First Isolation Date: Second Isolation Date:						
Results:						
Methylation: Start Date:						
	Patient Values		Norr	nal Values	Summary	
ICR2			50.00 ±			
ICR1			50.00 ±			
Array CGH:			Start Da	ate:		
Requested? Result:		Result:				
YES: NO:						
CDKNI4 C Common			Chart Da			
		Result:	Start Da	ite:		
YES: NO:			Not performed due to positive methylation result			
Pass ID: YES						
Note From Technician regarding result:						