

FLOW SHEET FOR BWR REPORTS

ID#: Technician Name:

Date Rec'D: _____ **Ready for Review Date:** _____

Sample Type:

Blood	Sent DNA	CVS	Amnio	Other: _____
		Direct or cultured	Direct or cultured	

First Isolation Date: _____ **Second Isolation Date:** _____

Results:

Methylation: **Start Date (ICR 1/2):** _____ **Start Date (UPD7):** _____

	Patient Values	Normal Values	Summary
ICR2		50.00 ±	
ICR1		50.00 ±	
GRB10		50.00 ±	
PEG1		50.00 ±	

Array CGH: **Start Date:**

Requested? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Result:
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CDKN1C Sequencing: _____ **Start Date:** _____

Requested?	Result:
YES: <input type="checkbox"/> NO: <input type="checkbox"/>	<input type="checkbox"/> Not performed due to positive methylation result

Pass ID: YES ☐

Note, From Technician, regarding result: