

**MICHIGAN BIRTH DEFECTS REGISTRY**  
**CYTOGENETICS REPORT**

1. Name of Child (Last) (First) (Middle Initial)

2. If the Child has been identified by another name (AKA - also known as)

3. Child=s Current Street Address

Apartment NO.

PO Box NO

City

State

Zip Code

4. Child=s Social Security Number (if known)

6. Medical Record NO.

8. Sex:

10. Plurality

Male

Single

Female

First

Undesignated

Second

9 DECEASED

Third or More

YES

NO

5. Child=s Medicaid Number (If known)

7. Date of Birth

(Month) (Day) (Year)

11. HOSPITAL - PLACE OF BIRTH

12. CITY

COUNTY

STATE

13. MOTHER=S LAST NAME

FIRST NAME

M.I.

SOCIAL SECURITY NO.

14. HOSPITAL - PLACE OF DIAGNOSIS

CITY

STATE

15. CYTOGENETICS - DESCRIBE FINDINGS:

ICD - 10 - CM CODE

16. NAME OF LABORATORY

17. CITY

18. LAST NAME OF PERSON COMPLETING THIS FORM

(LAST)

FIRST NAME OF PERSON COMPLETING THIS FORM

(FIRST)

TELEPHONE NUMBER:

DATE COMPLETED:

(Month) (Day) (Year)