

**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

City _____

Apartment NO.

State _____

PO Box NO

Zip Code _____

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

6. Medical Record NO.

8. Sex:

Male
Female
Undesignated

10. Plurality

Single
First
Second
Third or More

5. Child's Medicaid Number (If known)

7. Date of Birth

(Month) _____ (Day) _____ (Year) _____

9 DECEASED

YES
NO

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) _____