

Craniosynostosis Bone Specimen Sheet

Patient's Name or Sample Code _____ DOB: _____

Diagnosis: _____ Sex: Male Female

Syndromic Non-syndromic

Associated Anomalies/Developmental Delay _____

Race: Asian Pacific Islander African American
 Hispanic American Indian Caucasian
 Other _____

Specimen type: Cranial Bone Fragment containing suture Date extracted: _____

Person of contact _____ Extension/pager# _____

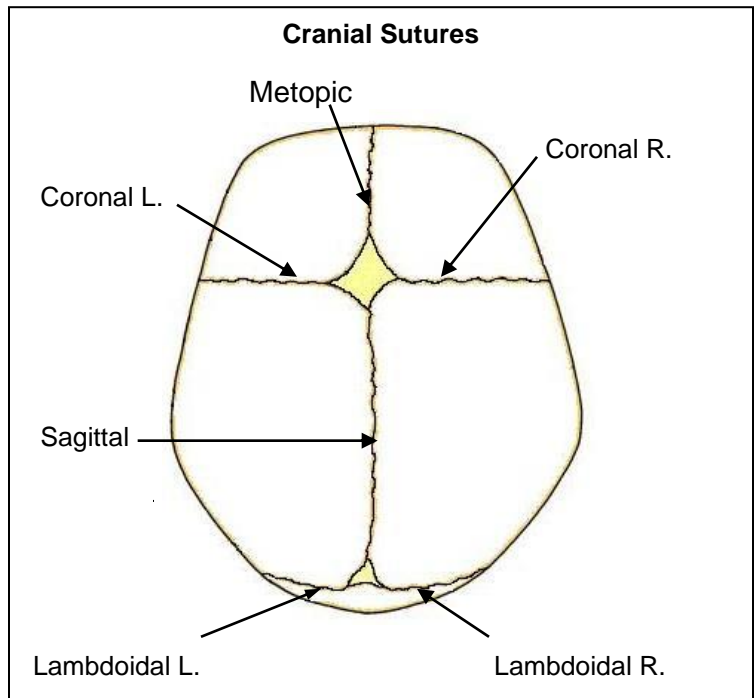
Institution: _____

INSTRUCTIONS

1. When collecting the bone fragment, please include part of the synostotic suture, when possible. When possible, please collect 2-3 bone fragments of ~1x1cm in size.
2. Please drop the specimen in a sterile container (50 mL conical tube or a screw-top urine container), with 25 mL DPBS solution, DMEM, normal saline, or provided tube with cell culture media.

Please seal the tube and keep the sample at room temperature and call (916)703-0459 for sample pick-up. **For after-hours please page Dr. Boyd at (916)762-8989.**

3. On the figure to the right, please draw the exact location from where the bone fragment is taken, and fill out this form. Please include this sheet with the specimen bag.



We value your contribution to our study of craniosynostosis and welcome your questions and comments. For questions, please contact **Dr. Simeon Boyd, M.D.** (sboyd@ucdavis.edu)

Thank you!