

Yale-New Haven Hospital Tumor Profiling Laboratory Requisition

Test requested by: _____

(Attending Oncologist: _____)

Date: _____ / _____ / _____

Signature: _____

Tel: _____ Fax: _____

Patient Name: _____

Date of Birth: _____ / _____ / _____

MRN: _____

Yale Pathology No: _____

Outside Hospital No: _____

Clinical history and pathologic diagnosis:

Tumor tissue source:

Test(s) Requested:

_____ **NSCLC** hotspot mutations in *EGFR*, *KRAS*, *ERBB2*, *BRAF*; *ALK* and *ROS1* FISH

_____ **Colorectal cancer** hotspot mutations in *KRAS*, *BRAF*, *NRAS*

_____ **Melanoma** hotspot mutations in *BRAF*, *NRAS*, *KIT*

_____ **Glioma** hotspot mutations in *IDH1*, *IDH2*

_____ **Other cancer** hotspot mutations

_____ **Oncomine assay** (comprehensive gene panel for mutations, gene amplifications, gene fusions)
Normal tissue source (**required for Oncomine**): _____

_____ **PD-L1** immunohistochemistry

_____ **MSI testing** (immunohistochemistry for DNA mismatch repair protein expression)

_____ **HER2** immunohistochemistry (**GI only**)

COMMENTS:

Questions may be directed to: 203-688-5582 or tumorprofilinglab@ynhh.org.

When completed, please **FAX** this form to the YNHH Tumor Profiling Laboratory at 203-688-5588

The YNHH Tumor Profiling Laboratory only accepts isolated or extracted nucleic acids for clinical testing if extraction or isolation is performed in an appropriately qualified laboratory.