Molecular Diagnostics Requisition

Test requested by: ________________________________
Signature: ________________________________
Date requested: __________/__________/__________
Tel.: __________________ Fax: __________________

Clinical history and provisional diagnosis:

Tissue source: ______________________ Date requested: __________/__________/__________ Date received __________/__________/__________

Tissue Preparation:
☐ Paraffin (part# _____block# ______ ) ☐ Frozen in OCT ☐ Fresh (RPMI) ☐ Brush tip in ETOH

Tissue/Specimen Preparation
Fresh or Frozen Tissue: Please call the lab for instructions.
Fixed Tissue: Paraffin block(s) or ten unstained sections 5 µm thick (on charged slides if FISH analysis is ordered) or more, depending on tissue volume. Submission of acid-decalicified tissue specimen is discouraged.

Please check the box(es) for test(s) requested:

PCR Tests
☐ BRAF mutation testing (exon 15) (Thyroid carcinoma, hairy cell leukemia and other solid tumors)
☐ DNA extraction
☐ EGFR mutation testing (exons 18-21) (NSCLC)
☐ FOXL2 mutation testing (exon 1) (Granulosa cell tumor and other ovarian neoplasms)
☐ Immunoglobulin heavy chain gene rearrangement/Clonality analysis (B cell lymphoma)
☐ KIT (c-Kit) mutation testing (exons 9, 11, 13, 17, 18) (GIST, melanoma and other solid tumors)
☐ KRAS mutation testing (exon 2) (Solid tumors and precancerous lesions)
☐ MGMT promoter DNA methylation (Gliomas)
☐ MLH1 methylation (Screening tool for Lynch syndrome)
☐ Microsatellite instability analysis (MSI) (HHPPC/Lynch syndrome)
☐ Mycobacterium tuberculosis (TB infection)
☐ T-cell receptor gene rearrangement/Clonality analysis (T cell lymphoma)
☐ Tissue DNA fingerprinting/Genotyping (Identity testing and hydatidiform moles)

FISH Tests
☐ ALK chromosomal rearrangement/translocation/inversion (Anaplastic large cell lymphoma and non–small cell lung cancer)
☐ BCL1 gene rearrangement/translocation t(11;14) (Mantle cell lymphoma)
☐ BCL2 gene rearrangement/translocation t(14;18) (Follicular cell lymphoma)
☐ BCL6 gene rearrangement (B cell lymphomas)
☐ Chromosome 1p/19q deletion (Oligodendroglialoma)
☐ EGFR amplification (Glioblastoma and other brain tumors)
☐ EWS chromosomal rearrangement/translocation (Ewing’s sarcoma/PNET, DSRCT, extraskeletal myxoid chondrosarcoma, and clear cell sarcoma of soft part)
☐ FGFR1 amplification (Lung and other solid tumors)
☐ HER2/ERBB2 amplification (Breast and other solid tumors)
☐ MET chromosomal amplification (Non–small cell lung cancer)
☐ MYC gene rearrangement/translocation (Burkitt’s lymphoma and subset of diffuse large B cell lymphoma)
☐ RET chromosomal rearrangement/translocation (Non–small cell lung cancer)
☐ ROS1 chromosomal rearrangement/translocation (Non–small cell lung cancer)
☐ SYT gene rearrangement/translocation t(X;18) (Synovial sarcoma)
☐ TFE3 gene rearrangement (Renal cell carcinoma)
☐ UroVysion (Urothelial carcinoma)

Please forward this form and billing information to: Clinical Molecular Diagnostics Laboratory, CB557, 310 Cedar Street, New Haven, CT 06510
Tel 203-785-4492 or 203-737-2533, Fax 203-785-3896

For all medical issues, contact: Pei Hui, M.D., Ph.D., Clinical Director, Molecular Diagnostics Lab, Tel 203-785-6498, Pager 203-370-2609, Fax 203-737-4626 or Janina A. Longtine, M.D., Director, Molecular and Genomic Diagnostics, Tel 203-785-7193, Fax 203-785-6127

Website: medicine.yale.edu/pathology/diagnosticprograms/moleculardiagnostics/index.aspx

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