

Molecular Diagnostics Requisition

MD Requesting Test: _____

Patient name: _____

Responsible Institution: _____

Date of birth: ____/____/____

Date requested: ____/____/____

Pathology No: _____

Tel: _____ Fax: _____

Pathology barcode

Clinical history and provisional diagnosis:

Tissue source: _____ Date requested: ____/____/____ Date received: ____/____/____

_____ Tissue Preparation: Paraffin (part# _____ block# _____)

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-decalcified 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**
- 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)**
(HNPCC/Lynch syndrome)
- Mycobacterium tuberculosis**
(TB infection)
- T-cell receptor gene rearrangement/Clonality analysis**
(T cell lymphoma)
- Archer FusionPlex**
(PCR/NGS RNA fusions in solid tumors)
- ThyroSure Gene Panel**
(PCR/NGS for thyroid carcinoma)
- Tissue DNA fingerprinting/Genotyping**
(Identity testing and hydatidiform moles)

FISH Tests

- CCND1 (BCL1) gene rearrangement/translocation t(11;14)**
(Mantle cell lymphoma)
- CDKN2A deletion**
(mesothelioma, brain tumors)
- BCL2 gene rearrangement/translocation t(14;18)**
(Follicular cell lymphoma)
- BCL6 gene rearrangement**
(B cell lymphomas)
- Chromosome 1p/19q deletion**
(Oligodendroglioma)
- 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)
- HER2/ERBB2 amplification**
(Breast and other solid tumors)
- MDM2 amplification**
(Soft tissue sarcoma)
- MYC gene rearrangement/translocation**
(Burkitt's lymphoma and subset of diffuse large B cell lymphoma)
- SS18 (SYT) gene rearrangement/translocation t(X;18)**
(Synovial sarcoma)
- TFE3 gene rearrangement**
(Renal cell carcinoma)
- UroVysion**
(Urothelial carcinoma)

Clinician Signature: _____

Please forward this form and billing information to: Yale Pathology Labs, Clinic Building, 310 Cedar Street, 5th Floor, CB557, New Haven, CT 06510
 Tel 203-785-4492 or 203-737-2533, Fax 203-785-3896

For all medical issues, contact: Pei Hui, MD, PhD, Clinical Director, Molecular Diagnostics Lab, Tel 203-785-6498, Mobile Heartbeat: 475-224-8201