



YALE UNIVERSITY SCHOOL OF MEDICINE DEPARTMENT OF PATHOLOGY
MOLECULAR DIAGNOSTICS LABORATORY

MOLECULAR DIAGNOSTICS REQUEST FORM

Laboratory Mailing Address: Molecular Diagnostics Laboratory
LH215 Department of Pathology
310 Cedar Street, New Haven, CT 06510
Telephone (203) 737-2533 Fax (203) 785-3896

STUDY REQUESTED BY: _____ Tel. Number _____ Pager Number _____

Signature: _____ Fax Number for report: _____

PATIENT NAME: _____ PATHOLOGY NUMBER: _____

BIRTH DATE _____

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 ___ FNA in Cytolyt

Tissue/Specimen Preparation:

- Fresh Tissue: In saline or RPMI 1640, no gauze. Deliver immediately or store at 4°C not longer than 12 hrs
Frozen Tissue: Embed in OCT and freeze in isopentane bath or snap freeze in liquid nitrogen, store at -20°C and transported on dry ice
Fixed Tissue: Paraffin block(s) or ten unstained sections or more depending on tissue volume (formalin fixed)

Please Check the Box(s) for Test(s) Requested:

Molecular Diagnostic Consultation including Send-out Test: In-house or send-out molecular tests will be ordered after reviewing the patient information and clinical questions. Appropriate outside laboratory will be chosen to perform the send-out test. The Molecular Laboratory will inform or fax the test result to you once it becomes available.

FISH Tests

- 1p 19q deletion (oligodendroglioma)
BCL-1 translocation t(11;14) (Mantle cell lymphoma)
BCL-2 translocation t(14;18) (Follicular cell lymphoma)
c-Myc translocation (Burkitt's lymphoma)
SYT translocation (Synovial sarcoma)
EWS translocation (Ewing's sarcoma, DSRCT and myxoid chondrosarcoma)
EML4-ALK fusion (Anaplastic large cell lymphoma and lung cancer)
Her2/neu amplification (Breast and endometrial cancers)
UroVysion (Urothelial carcinoma)

PCR Tests

- B-cell gene rearrangement (B cell lymphoma)
T-cell gene rearrangement (T cell lymphoma)
K-ras exon 2 mutation (Solid tumors and precancerous lesions)
Microsatellite instability analysis (MSI) (HHPCC-Lynch syndrome)
Tissue DNA fingerprinting/Genotyping (Identity testing and hydatidiform moles)
BRAF mutation testing (Thyroid FNA's and solid tumors)
EGFR mutation testing (exons 18-21) (NSCLC)
c-Kit mutation testing (exons 11,13,17,18) (GIST and melanoma)
OTHER _____

Please forward this form to: Monica Talmor, Pathology Molecular Diagnostics Laboratory, LH215, 310 Cedar Street, New Haven, CT 06510. Telephone (203) 785-4492 or (203) 737-2533, Fax: 203-785-3896
Forward billing information to: Rose Piché, Pathology Department, EP2-631, Yale-New Haven Hospital, 20 York Street, New Haven, CT 06510, Telephone (203) 785-2788, Fax: 203-785-7146
For all medical issues, contact: Dr. Pei Hui, Telephone (203) 785-6498 or Pager (203) 370-2609, Fax: 203-785-7146