

GTD Pathology Consultation Requisition

Test requested by: _____	Patient name: _____
Signature: _____	Date of birth: ____/____/____
Date requested: ____/____/____	Pathology No: _____
Tel: _____ Fax: _____	

Pathology barcode

Clinical History and Provisional Diagnosis (please provide copies of relevant pathology reports, laboratory hCG levels, clinical and surgical findings):

Tissue source: _____ **Date received:** _____

Tissue and Paired Specimens: A paraffin block is strongly preferred to allow ancillary studies, including laser microdissection. If a block is unavailable, provide 10–15 unstained 5- μ m unstained sections on charged slides, adjusted for tissue volume. When maternal tissue (e.g., decidua) is absent from the block, a paired germline sample should be submitted from non-neoplastic tissue specimen, peripheral blood (purple top) or buccal swab (all can be shipped at ambient temperature).

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

Please Check the Box Below Regarding Consultation Purpose:

- Gestational Trophoblastic Disease Diagnostic Consultation*
- Familial Biparental Hydatidiform Mole Diagnostic Consultation*

Please forward this form and billing information to: Yale University Medical School Receiving, Yale Molecular Diagnostics Lab – CB557, 200 South Frontage Road, New Haven, CT06510. Tel:203-785-4492 or 203-737-2533, Fax:203-785-3896

For medical issues, contact: Pei Hui, MD, PhD; Director, Center for the Precision Medicine of Gestational Trophoblastic Disease. [Tel:203-785-6498](tel:203-785-6498)