

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)
- ☐ **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 University Medical School Receiving, Yale Molecular Diagnostic Lab - CB557, 200 South Frontage Road, 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