

Yale Pathology Labs

Troplex™ measurement of HER2 and TROP2

A Quantitative Assay

For final reports or any questions please call Toll Free: 877 YALE LAB

Case # _____ PID# P _____

Client (name & address): 	Patient Name (Last, First, Middle Initial) _____ Maiden name: _____ Address: _____ City: _____ State: _____ Zip: _____	Patient SS#: _____ Date of Birth: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male Patient Tel. #: _____
Submitting Physician (if first submission to Yale, include UPIN number): 	<input type="checkbox"/> Self Pay <input type="checkbox"/> Client/Doctor <input type="checkbox"/> Insurance Guarantor's Name: _____	
	Primary Insurance	Secondary Insurance
	Insurance Name _____ Plan Name _____ Insurance Address, City & State (Please be specific) Address: _____ City: _____ State: _____ Zip: _____ Insured's ID# _____ Insured's Name: _____ Group No.: _____ Payor No.: _____ Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Insured's Employer: _____ Insured's Address: _____ City/State/Zip: _____	Insurance Name _____ Plan Name _____ Insurance Address, City & State (Please be specific) Address: _____ City: _____ State: _____ Zip: _____ Insured's ID# _____ Insured's Name: _____ Group No.: _____ Payor No.: _____ Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Insured's Employer: _____ Insured's Address: _____ City/State/Zip: _____
Date Specimen Taken: _____ Time Specimen Taken: _____ Perform: <input type="checkbox"/> TROPLEX Assay	History (including prior procedures): 	
Physician Signature: _____		
Specimens Submitted		
1		
2		
3		
4		
5		
6		
7		
8		
Ship to: Yale School of Medicine 200 South Frontage Road Surgical Pathology EP2-631 New Haven, CT 06510	Checklist of Materials Enclosed: <input type="checkbox"/> Pathology Reports <input type="checkbox"/> Tissue Block (<i>preferred</i>), or 5 Unstained Slides (<i>please circle</i>) <input type="checkbox"/> Insurance Demographics (<i>If not Institution Billing</i>) <input type="checkbox"/> Other _____	Return Slides/Blocks? Y N Return address information: _____