

GTD Pathology Consultation Requisition

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

Clinical History and Provisional Diagnosis:

Tissue source: _____ Date received: _____

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

Tissue and Paired Specimens: Paraffin block is highly recommended to accommodate various preparations for DNA genotyping including using laser microdissection. If unavailable, 10 to 15 unstained sections at 5 μm thickness (on charged slides), depending on tissue volume. Paired normal germline specimens may include peripheral blood (purple top) or buccal swab, which can be shipped at ambient temperature.

Please check the box(es) for test purpose:

- Hydatidiform Mole Diagnostic Consultation
- Trophoblastic Tumor Diagnostic Consultation
- Recurrent Hydatidiform Mole Consultation/Genetic Testing
- STR Genotyping (Testing Procedure Only)

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 all medical issues, contact: Pei Hui, MD, PhD; Clinical Director, Molecular Diagnostics Lab, Department of Pathology; Tel:203-785-6498
