

**Yale-New Haven Hospital Tumor Profiling Laboratory Requisition**

Hospital Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Submitting Provider or Pathologist: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Biological Sex:  Male  Female  Unknown

Signature: \_\_\_\_\_

Outside Hospital MRN: \_\_\_\_\_

Tel: \_\_\_\_\_

Outside Specimen Block Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Yale Pathology MRN: \_\_\_\_\_

**Clinical history and pathologic diagnosis:**

Tumor tissue source: \_\_\_\_\_

ICD Code: \_\_\_\_\_

**Test(s) Requested:**

\_\_\_\_\_ NSCLC hotspot mutations in *EGFR*, *KRAS*, *ERBB2*, *BRAF* (50-gene sequencing panel)

\_\_\_\_\_ Colorectal cancer hotspot mutations in *KRAS*, *BRAF*, *NRAS* (50-gene sequencing panel)

\_\_\_\_\_ Melanoma hotspot mutations in *BRAF*, *NRAS*, *KIT* (50-gene sequencing panel)

\_\_\_\_\_ Glioma hotspot mutations in *IDH1*, *IDH2* (50-gene sequencing panel)

\_\_\_\_\_ Other cancer hotspot mutations (50-gene sequencing panel)

\_\_\_\_\_ Oncomine assay (comprehensive gene panel for mutations, gene amplifications, gene fusions)

Normal tissue source: \_\_\_\_\_

\_\_\_\_\_ PD-L1 immunohistochemistry

\_\_\_\_\_ MMR testing (immunohistochemistry for DNA mismatch repair protein expression; proxy for MSI)

\_\_\_\_\_ HER2 immunohistochemistry

**COMMENTS:**

Questions may be directed to: 203-688-5582 or [tumorprofilinglab@ynhh.org](mailto:tumorprofilinglab@ynhh.org).

When completed, please FAX this form to the YNHH Tumor Profiling Laboratory at 203-688-5588