

IMPORTANT: Adobe Reader or Adobe Acrobat is required if you want to "Save" the information you enter on this form.

Yale-New Haven Hospital Tumor Profiling Laboratory Requisition

Test Requested by: _____

Date: ____/____/____

Signature: _____

Tel: _____ Fax: _____

Pager: _____

Patient Name: _____

Date of Birth: ____/____/____

MRN: _____

Yale Pathology No: _____

Outside Hospital No: _____

Clinical history and pathologic diagnosis:

Tissue Source: (body site) _____ Biopsy/Surgical Procedure: _____

Tissue Prep: Paraffin (part# ____; block# ____) Frozen Cytology specimen

Description of the test: The tissue will initially be analyzed by microscopy to assess whether sufficient numbers of tumor cells are present and their concentration adequate. About 250,000 tumor cells – roughly the equivalent of a cubic tissue fragment 2 mm across – are needed. If the proportion of malignant cells within the submitted tissue is less than 50%, an attempt will be made to enrich for the tumor cell component by manual or laser-assisted dissection of tissue sections. DNA will be extracted and analyzed by TaqMan® PCR for a panel of mutations that have been correlated with responsiveness or resistance to anti-neoplastic drugs. A detailed description of the methods and a list of the mutations currently analyzed can be found on the YNHH Tumor Profiling Laboratory website (<http://medicine.yale.edu/labmed/tumor>). Please allow at least ten business days for completion of the test.

Technical questions regarding this test (including the proper submission and adequacy of specimens) may be directed to Mimi Wan, MD, PhD, at 203 688-5582 (lab) or 203-688-1189.

Clinical questions (including the interpretation of results) may be directed to Zenta Walther, MD, PhD, at 203-370-5571 (pager) or 203 737-1347 (office).

Insurance/Medicare coverage: Physicians requesting this test should be aware that before testing can begin, patients will be asked to sign an Advance Beneficiary Notice informing them of the cost of the test and their liability in the event that health insurance coverage is denied.

When completed, please FAX this requisition form to the YNHH Tumor Profiling Laboratory at 203-688-5588 or hand-deliver it to 789 Howard Avenue, Room CB 650.