

REQUISITION FOR FFPE FISH DIAGNOSTIC TEST

Chromosome Pathology Unit, Laboratory of Pathology, NCI, NIH
Bldg 10 / Room 2N115, (301) 451-2723, (301) 451-2711

PATIENT INFORMATION	
Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First MI </div>	Date of Request: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB (Age): _____	CRIS Order # (if any): _____
Pathology Case Number: _____	Medical Record Number: _____
Requesting Physician: _____	Pager/Telephone #: _____

SPECIMEN INFORMATION	
<input type="checkbox"/> FFPE Tissue Sections on (<input type="checkbox"/> 1 H&E + 4 unstained, 5µm) Slide type: <input type="checkbox"/> TrueBond 380 <input type="checkbox"/> Plus charged <input type="checkbox"/> Lys coated <input type="checkbox"/> Other: _____	Number of sections _____ <div style="text-align: right; font-size: small;">(provided)</div> Fixation Time _____ <div style="text-align: right; font-size: small;">(6-48 hrs preferred)</div>
<input type="checkbox"/> Outside Case #: _____	SoftPath Block ID: _____ Tissue Source: _____

CLINICAL INFORMATION
Diagnosis / Preliminary Diagnosis: _____
Brief Clinical History: _____
Molecular Diagnostic History (if any): _____

TEST REQUESTED	
Hematopathology Translocation: <input type="checkbox"/> c-MYC break apart <input type="checkbox"/> BCL-2 break apart <input type="checkbox"/> ALK break apart	Oncology-Solid Tumor <input type="checkbox"/> HER-2 amplification <input type="checkbox"/> ALK break apart

TEST RESULTS – For Lab Use Only*		*currently for research or non-treatment decision only
Specimen #: _____	FH #: _____	Date of Accession: _____
Specimen QC: <input type="checkbox"/> satisfactory <input type="checkbox"/> unsatisfactory		
Number of cells analyzed: _____		Number of tissue sections: _____
Controls: Negative _____		Positive _____
Test Name	Test Result	
_____	_____	
_____	_____	
_____	_____	
Signature: _____	Date: _____	Turnaround Time: _____
Svetlana Pack, Ph.D. Head, Chromosomal Pathology Unit		