



GTD Pathology Consultation Requisition

Test requested by: _____

Signature: _____

Date requested: ____ / ____ / ____

Tel: _____ Fax: _____

Patient name: _____

Date of birth: ____ / ____ / ____

Pathology No: _____

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 μ m 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, specimen, billing information to: Yale Pathology Labs, CB 557, Clinical Building, 5th Floor, 310 Cedar Street, New Haven CT 06510. Tel. 203-785-4492 or 203-737-2533. Fax. 203-785-3896.

For all medical issues, contact: Pei Hui, MD, PhD, Director of Molecular Diagnostic Laboratories, Department of Pathology, 310 Cedar Street, New Haven CT 06510. Tel. 475-224-8201.