



GTD Pathology Consultation Requisition

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

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
