

MD # CRIS # Turnaround Time working days

Request for RT-PCR Reaction Analyses

Fax Requests to 402-2415. Send Samples to Bldg10/2N110 to Molecular Diagnostics

Patient's Name (Last, First): _____ Date of Request: _____

Case Number: S _____ -- _____ Medical Record Number: _____

Requesting Physician: _____ Pager/Telephone #: _____

Paraffin-embedded Tissues: (check appropriate boxes)

Fixation: Formalin B-5 Other: _____

Involvement: Full Partial

Slides: NIH recut Slide submitted from outside

Outside case (S) # & code: _____ SoftPath Block Identification: _____ Tissue Source: _____

Blood _____ cc's Other (specify) _____ # of cc's _____

Frozen Tissue [for lab personnel--PCR tube/freezer location]: _____

Purpose: Clinical Research Routine Rush

Patient History (include age, gender, clinical history, and preliminary diagnosis):

Tests Requested: (Check all appropriate boxes)

Ewings Sarcoma: t(11;22)/t(21;22) Probe: _____

Rhabdomyosarcoma: t(2;13)/t(1;13) Probe: _____

Synovial Sarcoma: t(X;18) Probe: _____

Desmoplastic Round Cell: t(11;22) (p13;q12) Probe: _____

For Lab Use Only – Results:

Date : _____

RNA Log #: _____

Signature: _____

PCR Log#: _____