UFHealth
PATHOLOGY LABORATORIES

University of Florida Health
Pathology Laboratories • Cytogenetics
4800 SW 35th Drive • Gainesville, FL 32608

FFPE FISH ANALYSIS REQUEST

Reference our other cytogenetics requisition forms
for additional tests not listed here, or visit us online at:

pathlabs.ufl.edu/services/cytogenetics

Telephone: 352.265.9900
Toll-Free: 888.375.5227
Fax: 352.265.9920

Patient Demographic Information

Name: _____

Medical Record #: _____

Age or DOB: _____

Sex/Gender: ☐ Female ☐ Male ☐ Unknown

Requesting Physician Information

Name: _____ NPI #: _____

Location/Institution: _____

Signature: _____

Send additional reports to: _____

Clinical Indication or Reason for Cytogenetic Testing

☐ Solid tumor description (i.e. site)
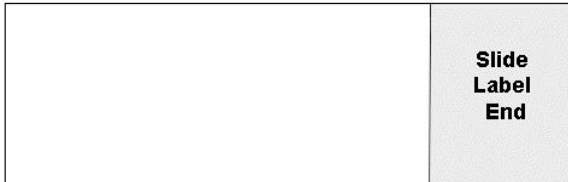
_____

The tissue submitted has been determined elsewhere to include tumor cells to be targeted:

☐ Yes   ☐ No

The tissue submitted includes a limited area or amount of cells to be targeted:

☐ Yes   ☐ No

If necessary, indicate the area of section by sketch containing tumor cells to be targeted for by the requested FISH analysis, **or submit a separate H&E slide, on which the area of interest has been marked by the requesting pathologist**.

	Slide Label End

An unfixed specimen has been submitted for metaphase cell analysis (classic cytogenetic methods):

☐ Yes   ☐ No   ☐ Unknown

Specimen Information

4-5 µm sections on + charged slides
FFPE (10% neutral-buffered formalin)

*------ **No Decalcified Specimens** -----*

☐ Slide section, unstained
   # of slides: _____

☐ Serial H&E-stained slide section,
   # of slides: _____

Target area marked:

☐ Yes   ☐ No

Date Collected: _____

Time Collected: _____

Important note:
*To avoid delays and ensure proper routing, call UF Health Pathology Laboratories' Client Services Department **352.265.9900** **prior** to submission to submit a paraffin block directly for slide preparation at our laboratory.*

Cytogenetic Testing Requested *(must be completed to avoid delays in processing)*

Interphase FISH Analyses

☐ *DDIT3* (12q13.3)   ☐ *FUS (16p11.2*   ☐ *FOXO1* (13Q14.11)

☐ S*S18 (18q11.2)*   ☐ *MDM2* (12q15)   ☐ *EWSR1* (22q12)

Inquire for Availability | Other:

_____

Insurance/Billing Information *(must be completed prior to sample processing)*

Insurance provider: _____

Preauthorization required: ☐ Yes   ☐ No
If yes, provide the authorization number: _____

For Lab Use Only

Lab #: _____

Other:
_____

Additional test codes: _____

_____

Tech login ID: _____

CGL.GENQM.FM.100.1 FFPE Requisition