	REQUEST FORM FOR MATERIAL IITTED ON SLIDES	Medical Record #:	
Cytogenetics Laboratory JNC Hospitals; McLendon Laboratories		Patient Name:	
nd Department of Pediatrics Rm 1071, 1 st Floor Memorial Hospital		Date of Birth:	
101 Ma	nning Drive		
Chapel Hill, NC 27514 Phone: (984) 974-1790		Sex:	
-ax: (9	984) 974-1666	Date:	
ttending physician requesting study:		Pathology Specimen #Block #	
Office a	address:	For lab use only	
Phone I Pager #	Number: # :	Lab No: Date Rec'd:	
	Indication for FISH study: Tissue type (please check): □ breast □ brease specify)	rain □ lymph node □ buccal cells	
3.	□ cerebrospinal fluid □ other (please specify) Sample type (please check): □ paraffin embedded* □ touch preparation □ smear □ cytospin preparation □ other (please specify):		
	* For all paraffin embedded tissues, the relevant region for analysis must be marked on the slide(s). This is a CAP requirement and we can not process the slide in the absence of this information.		
4.	Tumor Involvement: ☐ All tumor ☐ >50% tumor nuclei in marked area of interest ☐ <50% tumor nuclei in marked area of interest*		
	If less than 50% tumor, please indicate approximate percentage of tumor nuclei and additional pertinent information about morphology and/or distribution of tumor nuclei:		
5.	Specimen collection date:		
6.	FISH assay requested (≥ 2 unstained 4-5 micron thick slides and a representative H&E-stained slide of the same section are required):		
	□ MYC [8q24] □ BCL2 [t(14;18)] □ I	BCL6 [3q27]	
	□ EWSR1 [22q12] □ ALK [2p23] □	□ N-MYC amplification [2p24]	
	□ Other:		
7. Signature of pathologist who marked the relevant region on each sl		ant region on each slide:	
	· -	Date	
	Copies of Lab report should be sent to: (PRINT		

^{**}All slides should be delivered to the Cytogenetics Laboratory or to the Core Laboratory, both of which are located on the 1st floor of Memorial Hospital. If the slides are to be delivered to the Core Laboratory, please alert the Cytogenetics Lab (984-974-1790).