

MD #

Turnaround Time working days

Request for Polymerase Chain Reaction (PCR) Analysis

Send Samples to Rm. 2N110, Dr. Sorbara (104-4339-7), 301-435-2627

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 • Submitted from outside

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

- Blood _____ cc's
- CSF _____ 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)

- | | | | | |
|---|---------------------|----------------------|---------|------------------------|
| Viruses: | • LMP-1 | • EBNA-2 | • HHV-8 | • HTLV –Tax/Pol I & II |
| B-cell Rearrangements: | • IgH FRIII | • IgH FRII | | |
| T-cell γ Gene Rearrangement: | • Primer Set I (Jg) | • Primer Set II (Jp) | | |
| Oncogenes: | • BCL-1 / t(11;14) | • BCL-2 / t(14;18) | | |
| Control: | • GAPDH | | | |

For Lab Use Only—Results:

Date : _____

DNA Log #: _____

DNA Conc. (ug/ul): _____

Signature: _____

PCR Log#: _____
