

**REQUEST FOR FLUORESCENT IN SITU HYBRIDIZATION (FISH) TESTING
SYDPATH, ST. VINCENT'S HOSPITAL, SYDNEY**

PATIENT DETAILS:

Surname:.....
First Name:.....
Address:.....
.....
D.O.B/...../.....

REQUESTING DR DETAILS:

Name:.....
Address:.....
.....
Phone:.....
Fax:.....

CLINICAL INFORMATION:

.....
.....
.....
.....
.....
.....

I understand that FISH testing is not covered under Medicare and that the payment of costs is the responsibility of the requesting doctor and their department.

Requesting Dr Signature:.....

Date:.....

TESTS REQUESTED:

Soft tissue:

- SYT (18q11.2)
- EWSR1(22q12)
- CHOP(12q13)
- ALK(2p23)

Neuro-oncology:

- 1p/19q and EGFR

Lymphoma:

- IgH/bcl-2
- IgH/CyclinD1
- IgH/MYC
- MYC(breakapart)
- ALK (breakapart)
- MALT (breakapart)

Other:_____

Please arrange for this form along with:

- (1) a paraffin block containing tumour tissue** and
- (2) a copy of the pathology report** to be forwarded in a padded bag to:

FISH Laboratory
Anatomical Pathology, Level 6 Xavier Bldg
St.Vincent's Hospital
Victoria St., Darlinghurst NSW 2010

Explanatory Notes: FISH analysis is not funded by Medicare and costs \$325 per test. The referring laboratory will be billed unless other arrangements have been made. Enquiries about this, or other aspects of the test should be directed to Dr Adrienne Morey on (02) 8382 9218