

Cytogenetics Tech Only HER2 Paraffin Testing Patient Information

MML Account Number (if applicable) _____

Patient Information

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(Month DD, YYYY)</i>
Patient Identification Number/Mayo Clinic Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Reviewing Case

_____ Number of unstained slides submitted	Pathology report included <input type="checkbox"/> No <input type="checkbox"/> Yes	Collection Date <i>(Month DD, YYYY)</i>
Fixative Used <input type="checkbox"/> Formalin <input type="checkbox"/> Bouins <input type="checkbox"/> Prefer <input type="checkbox"/> Other _____		
Reviewing Pathologist		Date <i>(Month DD, YYYY)</i>

For Primary tumor (site) <input type="checkbox"/> Breast <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Gastroesophageal <input type="checkbox"/> Urothelial <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	Metastatic tumors (specimen site). Indicate primary tumor site if known <input type="checkbox"/> Liver <input type="checkbox"/> Lymph node <input type="checkbox"/> Lung <input type="checkbox"/> Pleural fluid <input type="checkbox"/> Bone (Decalcified <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Skin <input type="checkbox"/> Other _____
Breast Morphology Descriptor Only <input type="checkbox"/> Ductal <input type="checkbox"/> Lobular <input type="checkbox"/> Mucinous <input type="checkbox"/> Papillary Circled Area <input type="checkbox"/> Invasive tumor only <input type="checkbox"/> Metastatic tumor only <input type="checkbox"/> Invasive _____% plus DCIS/LCIS _____% circled <input type="checkbox"/> DCIS/LCIS Present–Not circled _____% <input type="checkbox"/> IN SITU ONLY <input type="checkbox"/> Other _____	Gastroesophageal Descriptor Only Morphology <input type="checkbox"/> Glandular <input type="checkbox"/> Single cell invasion _____% Invasive vs. Non–Invasive (Barrett’s) tumor circled on slide Miscellaneous <input type="checkbox"/> Poor fixation/Morphology <input type="checkbox"/> Less than 100 tumor cells <input type="checkbox"/> Other _____

Pathologist notes/other pertinent information

MAYO CYTOGENETICS USE ONLY

Cancel–Lab will order full study

FHER2 FH2GE FH2UR FH2MT

Trigger

Only block received Unmarked H&E Equivocal result Heterogeneity

HER2 amp'd outside circled area