Cytogenetics Division
Ph# 918-502-1722

FISH HER-2 Specimen Submission Form

Pt Name	**DOB:**	**Visit #**

Biopsy date:	**Hercept Score:**
Date slides made:	**Referring Phys.**
Date Slides Sent to CGT:	**Surgical #**
Tumor type: ____ Breast ____ Esophageal ____ Gastric ____ Other (please note source) _____	

TML CASE : **Yes_____** **No_____**

H&E Slide Included: **Yes_____** **No_____**
(area of tumor must be circled w/ marker or grease pencil)

CFGT@SF use only:

DATE RECEIVED	# OF SLIDES	SPECIMEN #