IMPERIAL SIHMDS REQUEST FORM

G-Block, Level 2, Hammersmith Hospital, Du Cane Road, London, W12 0HS SPECIMEN RECEPTION HOURS: 9AM-5PM Monday-Friday

CYTOGENETICS: 020 3313 1503/2169 imperial.cytogenetics@nhs.net

IMMUNOPHENOTYPING: 020 3313 1504 imperial.immunophenotyping@nhs.net



Laboratory use only

MOLECULAR GENE	TICS: 020 3313 21					
Patient Info	ormation	Referral Informa	Referral Information		Sample Information	
[Alternatively, place patient sticker here.]			NHS PRIVATE		SAMPLE	
Surname				REFERENCE No.		
Forename		Consultant/STR		Date taken		
Date of Birth		Hospital		Time taken		
Hospital No.		Mobile/Bleep		Sample type (p	olease tick):	
NHS No.		EMAIL (nhs.net)		Blood	Other (please specify):	
		Invoicing details (if different from referrer, please		BM aspirate		
FEMALE	MALE	provide phone/email)		BM trephine		
For BMT patients:	Pre-BMT	Post-BMT Monitoring Sev	MALE of Donor?	INFECTION RIS	SK? YES NO	
		O Sex	FEMALE	If Yes, please provide of	details):	
DIAGNOSIS AND ADDITIONAL CLINICAL INFORMATION (Please provide all clinical information that is relevant to the requested tests including treatment/disease history and results of previous or similar studies done elsewhere)				BM TREPHINE BIOPSY **in AZF please**		
DIAGNOSTI (pre-treatme			ACTIVE DISEASE RELAPSE		6HT :FT 	
				Bone C NORMAL Operator: Dr	Consistency: SOFT HARD	
					RPHOLOGY t a recent PB film is provided Slides NO	
		and send separate samples for each department. ust arrive <72 hours after being taken; immunopher				
<u>IMMUNOPHER</u>	NOTYPING	CYTOGENETICS	MOLEC	MOLECULAR DIAGNOSTICS		
(Samples must arrive before		(Samples must arrive before	(Samples mus	ples must arrive before 3pm on Friday) **Blood/Bone marrow in EDTA please **		
2pm on Friday) ** Blood/Bone marrow in EDTA please ** ** CSF in universal containers only **		3pm on Friday) ** in Lithium Heparin or transport medium please **	Please sele	Please select test/s: B-cell clonality BCR-ABL1 qPCR (requires 20ml PB) T-cell clonality		
Please select tests:		Please select tests:				
PNH (PB only	/)	G-banded karyotype	` '	ion analysis	IgH mutation status (CLL)	
Immunophenotyping Ab Panels will be set up according to supected diagnosis, clinical details are essential Please send a fresh PB/BM film		FISH:		Transcript type(If Mx done elsewhere) MPN (NGS) Panel (incl. JAK2, CALR, MPL) Myeloid (NGS) Panel (for AML, MDS) TP53 mutation (CLL) MYD88 L265P mutation		
		Myeloma diagnosis				
		Myeloma relapse	` '			
Hb (g/L)		CLL full panel				
		CLL (TP53 FISH)				
WBC (x109/L)		Eosinophilia panel	GTC store	future testing e.g. all		
Plts (x109/L)		Other FISH tests new Ad		e Leukaemia)		

Please note: If diagnostic karyotype/ FISH has been done elsewhere, a Does the patient have any of full copy of the report should be emailed to:

Other FISH tests

(Please specify below):

Splenomegaly imperial.cytogenetics@nhs.net

Plts (x109/L)

Blasts (%)

Paraprotein (g/L)

the following:

Lymphadenopathy

Hepatomegaly

Lymphocytes (x109/L)

cKIT mutation (mastocytosis)

FLT3/NPM1 (at diagnosis)

AML MRD (PML/RARA

specify:

qPCR, RUNX1-RUNX1T1,CBF-MYH11, NPM1^{mut} MRD Please

Other molecular tests (please indicate below)