

## Molecular Haematological Oncology Testing Request Form

Patient Details			
<b>NHS No:</b>		<b>Sex:</b>	
<b>Surname:</b>		<b>Address:</b>	
<b>Forename:</b>			
<b>Date of Birth:</b>		<b>Postcode:</b>	
<b>Hospital:</b>		<b>Hospital No:</b>	
<b>Ethnicity:</b>			

Requester Details			
<b>Clinician:</b>		<b>Email/phone:</b>	
<b>Reporting Address:</b>		<b>Invoice address if different:</b>	

Clinical Information			
<b>Suspected diagnosis:</b>			
<b>Presenting signs, symptoms and previous medical history:</b>			
<b>Analysis required:</b>	<b>AML</b>	<i>FLT3/NPM1</i> analysis:	
	<b>MPN</b>	<i>JAK2</i> :	Detection of the BCR-ABL transcript:
		MPN Panel:	<i>BCR-ABL</i> Quantification:
		<i>BCR-ABL</i> tyrosine kinase domain analysis:	
	<b>MRD</b>	<i>PML-RARA</i> :	<i>RUNX1-RUNX1T1</i> :
		<i>CBFB-MYH11</i> :	<i>NPM1</i> mutation:
		Other fusion gene/MRD (please specify):	
	<b>CLL</b>	<i>TP53</i> analysis:	<i>IGHV</i> analysis:
	<b>Chimerism analysis</b> (post haematopoietic stem cell transplantation – adults only):		
	<b>Myeloid panel:</b>		
<b>Clonality analysis</b>	T Cell:	B Cell:	
<b>Other:</b>			

To aid interpretation of results please provide us with the following details			
<b>HGB</b> (haemoglobin, g/L)		<b>WBC</b> (white blood cell count, x10 <sup>9</sup> /L)	
<b>HCT</b> (haematocrit, L/L)		<b>Neutrophils</b> (x10 <sup>9</sup> /L)	
<b>Platelets</b> (x10 <sup>9</sup> /L)		<b>Lymphocytes</b> (x10 <sup>9</sup> /L)	
<b>Eosinophils</b> (x10 <sup>9</sup> /L)		<b>Monocytes</b> (x10 <sup>9</sup> /L)	
<b>Local morphology assessment blood OR (please also supply date sample analysed)</b>			

<b>Sample details</b>			
<b>Labelling standards:</b>	Please label samples with the <b>patient's</b> : full name, date of birth, NHS number (or Hospital Number for non-UK referrals). A <b>minimum</b> of 2 identifiers must be provided or the sample cannot be accepted for testing.		
<b>Sample type:</b>	DNA	EDTA bone marrow aspirate	
	EDTA Blood	FFPE sample (specify origin)	
<b>Reference number:</b>		<b>Date sampled:</b>	

**HIGH RISK SAMPLES: If a specimen is known to present an infection hazard it must be clearly labelled 'DANGER OF INFECTION' and the infection hazard stated. TB positive samples will NOT be processed.**

**Please state the nature of the infection:**

In submitting this sample the clinician confirms that consent has been obtained for testing and storage. Anonymised stored samples may be used for quality control procedures including validation of new genetic tests.

**Further Information:**  
In complying with the Human Tissue Act 2004 all surplus tissue samples are discarded once DNA/RNA has been extracted.  
Please be aware that anonymised genomic and clinical data may be shared within and beyond the NHS for diagnostic and research purposes.

**Sending address**

Molecular Haematology,  
Level 4,  
John Radcliffe Hospital,  
Headington,  
Oxford,  
OX3 9DU

**Information for Patients**

Blood samples can be arranged via your GP or the phlebotomy clinic of your local hospital. This form must accompany the sample.  
Following receipt of the sample, laboratory staff are unable to provide information on samples and test results directly to patients or their relatives. Such enquiries should be directed to the referring clinical teams or the GP.