

Molecular Haematological Oncology Testing Request Form

Patient Details			
NHS No:		Sex*:	
Surname:			
Forename:		Address:	
Date of Birth:			
Hospital:		Postcode:	
Ethnicity:		Hospital No:	

*Please state if karyotypic and/or phenotypic sex differ from given sex.

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

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

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

Sample details

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

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

Oxford Genetics Laboratories,
Oxford University Hospitals NHS Foundation Trust,
The Churchill Hospital,
Oxford,
OX3 7LE

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.