CYTOGENETICS

Cytogenetics Laboratory
The Churchill Hospital, Oxford, OX3 7LE
Enquiries: 01865 226001

CHROMOSOME ANALYSIS ONCOLOGY (BONE MARROW) v2.0 Nov 2015

Surname	First name	Sex	Consultant	Hospital

Address:

Postcode:

DOB / /

NHS no.

Hospital no.

NHS ☐ PP ☐

G.P.

Sample Type Bone marrow ☐ Vol. (ml)
Blood ☐ Vol. (ml)

INDICATION FOR CHROMOSOME ANALYSIS:

(Please PRINT and specify subtype, if known)

FOR LAB USE ONLY

WBC:

Duty Scientist: | Amount of sample to add:

Set up by: | Cultures:

Related Nos:

Referral reason:

Diagnostic/Remission/Relapse/Post-Transplant/secondary/transformation

FISH no.	Probe 1	Probe 2	Probe 3	Date of request
F/				
FISH reason:				
F/				
FISH reason:				
F/				
FISH reason:				

Comments:

Contact name and number	Date of sample	Date of receipt	Referral code	Lab no.

In submitting this sample, the clinician confirms that consent has been obtained for testing and possible storage.

INVESTIGATION OF HAEMATOLOGY MALIGNANCY

Please telephone **01865 226001** to advise despatch of **URGENT** samples and all samples taken on Friday.

All samples should be sent to arrive at the laboratory within 24 hours, and must arrive by 4pm on Fridays.
Do not freeze. Do not expose to excess heat.

Bone Marrow and Lymph node samples
Send all samples in transport medium, which is available from the laboratory on request. Store medium at -20 degrees centigrade. Please do not use after the expiry date on the tube. Defrost medium thoroughly and mix well before adding sample.

Blood
5ml in lithium heparin. Mix well to prevent clotting

Breakage syndromes e.g. Fanconi anaemia, Ataxia telangiectasia
Please telephone the laboratory prior to taking samples