

Request form for cytogenetic studies on oncology/solid tumour samples

| Patient Details | | | |
|-----------------|----|--------------|--|
| NHS No: | | Sex: | |
| Surname: | | Address: | |
| Forename: | | | |
| Date of Birth: | | | |
| Hospital: | | Postcode: | |
| NHS | PP | Hospital No: | |

| Requester Details | | | |
|---|--|------------------|--|
| Clinician: | | Email: | |
| Reporting Address: | | Invoice Address: | |
| Cost Centre/Account Code/PO Number (if applicable): | | | |

| | |
|------------------------------|--|
| Clinical Information: | |
|------------------------------|--|

| Sample Information | | | |
|--------------------|-----------------------------------|-----------|-------------------|
| Sample type: | Bone Marrow | Vol. (ml) | Smear slides |
| | Blood | Vol. (ml) | Other |
| | FFPE section Tissue of origin: | | Histology number: |

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| 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 <u>NOT</u> be processed. |
| Please state the nature of the infection: |

| | | | |
|--|--|-------|--|
| In submitting this sample, the clinician confirms that consent has been obtained for testing and possible storage. | | | |
| Signed: | | | |
| Clinician (please print): | | Date: | |

| Laboratory Use Only | | | |
|----------------------------|--|--------------------------------|--|
| Date of receipt: | | Sample type and volume: | |
| No of slides: | | Sample condition: | |
| Container type: | | Cell count: | |
| Initials: | | Other comments: | |

INVESTIGATION OF HAEMATOLOGY MALIGNANCY OR NEOPLASIA IN SOLID TUMOURS

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 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.

FFPE

FFPE sections (3-5µm thick) should be sent on positively charged slides and the tumour percentage of the section provided.

For information about our services visit [Genetics Labs Website](#). Recipients should be aware that all emails received or sent by this Trust are subject to the Freedom of Information Act 2000 and Data Protection Act 1998.

| Information for Patients |
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| <p>Blood samples can be arranged via your GP or the phlebotomy clinic of your local hospital. This form must accompany the sample.</p> <p>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.</p> |