Oxford Molecular Haematology Laboratory, Level 4
John Radcliffe Hospital
Headington
Oxford OX3 9DU
Telephone: 01865 572769
General Email Enquiries: oxford.molecularhaem@nhs.net

NHS
Central & South
Genomic Laboratory Hub
Oxford Genetics Laboratories

Molecular Haematological Oncology Testing Request Form

Patient Details

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

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 Blood	☐	EDTA bone marrow aspirate	☐	FFPE sample (specify origin)	☐
Reference number:			**Date sampled:**					

Consent

In submitting this sample the clinician confirms that informed consent has been obtained for

a. storage and testing (current and future testing as this becomes available)
b. the use of this sample and the information generated from it to be shared with members of the donor's family and their health professionals (if appropriate)
c. the information generated to be entered onto local and national confidential databases

If specific consent to any of the above is not given please provide details below. The patient should be advised that the sample may be used anonymously for quality assurance, training and research purposes.

Consent has been obtained for the DNA/RNA of this sample to be stored and used in research/development projects that have been granted ethical approval (please tick):	☐

Signed:			
Clinician:		**Date:**	

Sending address

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