

Last name:		Sex: Male/ Female/ Intersex/ Not specified	
First name:		Transgender: MTF / FTM	
DOB: (dd/mm/yyyy)			
NHS number*:			
Hospital no:		Originating Lab No:	
Patient postcode*:		Purchase Order No:	
Non-NHSE Funded i.e. Research / Private (attach invoicing details) <input type="checkbox"/>			

*White:	British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White Background <input type="checkbox"/>
Mixed:	White And Black Caribbean <input type="checkbox"/> White And Black African <input type="checkbox"/> White And Asian <input type="checkbox"/> Any Other Mixed Background <input type="checkbox"/>
Asian or Asian British:	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian Background <input type="checkbox"/>
Black or Black British:	Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other Black Background <input type="checkbox"/>
Other Ethnic Groups:	Chinese <input type="checkbox"/> Any Other Ethnic Group <input type="checkbox"/> (please specify: _____)
Not stated <input type="checkbox"/>	Not Known <input type="checkbox"/>

Indication for testing: ☐ New Diagnosis ☐ Staging /Prognosis ☐ Disease Monitoring/MRD* ☐ Transplant

URGENT

Please phone reception for updates

Suspected Diagnosis <input type="checkbox"/> CML <input type="checkbox"/> MPN (non-CML) <input type="checkbox"/> Mastocytosis <input type="checkbox"/> CEL/HES <input type="checkbox"/> MDS/MPN <input type="checkbox"/> MDS <input type="checkbox"/> ALL <input type="checkbox"/> AML <input type="checkbox"/> Plasma cell neoplasm <input type="checkbox"/> CLL/LPD <input type="checkbox"/> B/T-Cell Lymphomas <input type="checkbox"/> Histiocytic/Dendritic <input type="checkbox"/> Aplastic Anaemia/PNH <input type="checkbox"/> Unknown	Clinical Details (including recent Antibody treatment): <u>*MRD Testing - Indicate course number (# _____) & days post-chemotherapy/transplant (# _____)</u> All our testing is based on clinical/diagnostic information, so please provide as much detail as possible	FBC: date (dd/mm/yy) _____ Hb/PCV _____ MCV _____ WBC _____ Neutrophils _____ Lymphocytes _____ Monocytes _____ Eosinophils _____ Platelets _____ Blast count _____ Paraprotein: Isotype G / A / M K / L Quantification _____
	Whole Genome Sequencing [ALL and AML] <input type="checkbox"/> Somatic Sample (PB / BM in EDTA) <input type="checkbox"/> Germline Sample* (Skin Bx Universal Container) / Other – please specify _____ <input type="checkbox"/> NHSE Record of Discussion Form attached * These are mandatory for WGS to proceed. <input type="checkbox"/> Confirm 'Fit for Treatment'	

Specimens: ☐ Slides x3 ☐ PB ☐ BM Aspirate ☐ BM Trephine ☐ Lymph Node ☐ Skin ☐ Other (please specify) _____

Immunophenotyping/Morphology	Genomic Diagnostics (+relapse)	Genomic Monitoring		
<input type="checkbox"/> Immunophenotyping (EDTA + 3 unstained slides) <input type="checkbox"/> PNH (PB EDTA only) <input type="checkbox"/> Disease monitoring (ALL, AML, CLL, MM) Special Samples: <input type="checkbox"/> CSF (Transfix + Universal sterile containers) <input type="checkbox"/> Ascites/Pleural/Pericardial fluid (Universal sterile container) <input type="checkbox"/> Full Aspirate Morphology Report (3 unstained slides) Histology/Cytopathology Biopsy site: _____ <input type="checkbox"/> Morphology/IHC <input type="checkbox"/> Genomic testing <input type="checkbox"/> Second opinion <input type="checkbox"/> Histiocytosis investigations	Lithium Hep/Tissue Culture Medium AND x2 genomic EDTA samples for ALL requests on new diagnosis/relapse/full reassessment Specimens to arrive within 48 hours <input type="checkbox"/> Genomic tests as per clinical details/morphology/flow Default for all diagnostic bone marrows. Appropriate tests will be reflexed by SE-HMDS, so please ensure clinical details and blood counts are as accurate as possible, and enough samples sent. <table border="1"> <tr> <td> Myeloid: (EDTA) <input type="checkbox"/> CML diagnosis (BCR-ABL) <input type="checkbox"/> Urgent FISH (if high suspicion) <input type="checkbox"/> MPN Panel (JAK2, Exon12, CALR, MPL) <input type="checkbox"/> Eosinophilia FISH panel (LH/TCM) <input type="checkbox"/> Myeloid Gene Panel <input type="checkbox"/> Germline variant confirmation </td> <td> Lymphoid/myeloma: (EDTA) <input type="checkbox"/> CLL prognostics (gene panel + SNP-Array) <input type="checkbox"/> IgVH mutation (20ml PB) <input type="checkbox"/> Myeloma prognostics <input type="checkbox"/> Lymphoid/histiocytic gene panel <input type="checkbox"/> Myeloma gene panel <input type="checkbox"/> IGH + TCR (B/T clonality) </td> </tr> </table> <input type="checkbox"/> Other _____	Myeloid: (EDTA) <input type="checkbox"/> CML diagnosis (BCR-ABL) <input type="checkbox"/> Urgent FISH (if high suspicion) <input type="checkbox"/> MPN Panel (JAK2, Exon12, CALR, MPL) <input type="checkbox"/> Eosinophilia FISH panel (LH/TCM) <input type="checkbox"/> Myeloid Gene Panel <input type="checkbox"/> Germline variant confirmation	Lymphoid/myeloma: (EDTA) <input type="checkbox"/> CLL prognostics (gene panel + SNP-Array) <input type="checkbox"/> IgVH mutation (20ml PB) <input type="checkbox"/> Myeloma prognostics <input type="checkbox"/> Lymphoid/histiocytic gene panel <input type="checkbox"/> Myeloma gene panel <input type="checkbox"/> IGH + TCR (B/T clonality)	MRD samples to arrive Mon-Thurs Must arrive within 24 hours <input type="checkbox"/> BCR-ABL1 monitoring (20ml PB) <input type="checkbox"/> BCR-ABL1 TKD mut'n (5ml PB EDTA) Please indicate transcript type in clinical details. <input type="checkbox"/> FIP1L1-PDGfra (monitoring only) <input type="checkbox"/> AML molecular MRD (Paired PB and BM) Specify other: _____ <input type="checkbox"/> ALL molecular MRD <input type="checkbox"/> FISH (LH and EDTA) <input type="checkbox"/> Transplant/Chimerism: (PB and BM) <input type="checkbox"/> add CD19 (for B-LPD/B-ALL)
Myeloid: (EDTA) <input type="checkbox"/> CML diagnosis (BCR-ABL) <input type="checkbox"/> Urgent FISH (if high suspicion) <input type="checkbox"/> MPN Panel (JAK2, Exon12, CALR, MPL) <input type="checkbox"/> Eosinophilia FISH panel (LH/TCM) <input type="checkbox"/> Myeloid Gene Panel <input type="checkbox"/> Germline variant confirmation	Lymphoid/myeloma: (EDTA) <input type="checkbox"/> CLL prognostics (gene panel + SNP-Array) <input type="checkbox"/> IgVH mutation (20ml PB) <input type="checkbox"/> Myeloma prognostics <input type="checkbox"/> Lymphoid/histiocytic gene panel <input type="checkbox"/> Myeloma gene panel <input type="checkbox"/> IGH + TCR (B/T clonality)			
	<input type="checkbox"/> Genomic save sample			

CLINICIAN DETAILS

Requesting Clinician / Consultant:

Hospital & Department:

Clinician Group E-mail:

Contact: Phone / Bleep

Please send ALL samples to:

SE-HMDS

c/o Central Specimen Reception,

Blood Sciences Laboratory, Ground Floor Bessemer Wing,

King's College Hospital, Denmark Hill, London SE5 9RS

Signature: _____

Sample Collection: Date (dd/mm/yyyy) _____ Time (hh:mm) _____

High Risk Pathogen: YES/NO (Must be provided or sample will not be processed)

SE-HMDS Reception: 020 3299 5862 kch-tr.sehmdsreception@nhs.net (default for most enquiries)

Consultant Haematologists kch-tr.KHMDc-consultants@nhs.net

Lab contact - Immunophenotyping: 020 3299 5869 viapath.immunophenotypingkch@nhs.net

Lab contact - Cytogenetics: 020 3299 7637 kch-tr.cytogeneticslaboratory@nhs.net

Lab contact - Molecular Genomics: 020 7848 5809 kch-tr.LMH@nhs.net

Lab contact - Histopathology: 020 3299 3045 kch-tr.histopathologyoffice@nhs.net

Lab contact - NPM1 MRD: 020 7188 7188 ext.51060 gst-tr.amlmrd@nhs.net