

Request forms from: [www.southeastgenomics.nhs.uk](http://www.southeastgenomics.nhs.uk)

All fields are mandatory. Illegible, unclear or incomplete forms may result in delays or rejection.

Last name:		Sex: Male / Female / Intersex / Not specified		*White: British <input type="checkbox"/> Irish <input type="checkbox"/> Any Other White Background <input type="checkbox"/>											
First name:		Transgender: MTF / FTM		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"/>											
DOB: (dd/mm/yyyy)															
NHS number*:		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
Hospital no:		Originating Lab No:				Asian or Asian British: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian Background <input type="checkbox"/>									
Patient postcode*:		Purchase Order No:				Black or Black British: Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other Black Background <input type="checkbox"/>									
Non-NHSE Funded i.e. Research / Private (attach invoicing details) <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 (provide details)**

<b>Suspected Diagnosis</b> <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"/> Myeloma <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/Other	<b>Clinical Details (including recent targeted immunotherapy treatment):</b> <u>^MRD Testing - Indicate course number (# _____) &amp; days post-chemotherapy/transplant (# _____)</u>  All our testing is based on clinical/diagnostic information, so please provide as much detail as possible	<b>FBC:</b> date (dd/mm/yy) _____ Hb/PCV _____ MCV _____ WBC _____ Neutrophils _____ Lymphocytes _____ Monocytes _____ Eosinophils _____ Platelets _____ Blast count _____
	<b>Whole Genome Sequencing [ALL and AML]</b> <input type="checkbox"/> Somatic Sample (PB / BM in EDTA) <input type="checkbox"/> Germline Sample*(Skin Bx Universal Container in saline) / 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'	<b>Paraprotein:</b> Isotype G / A / M _____ K / L _____ Quantification _____

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

<b>Immunophenotyping/Morphology</b> <input type="checkbox"/> Immunophenotyping (EDTA + 3 unstained slides) <input type="checkbox"/> PNH (PB EDTA only) <input type="checkbox"/> Disease monitoring (ALL, AML, CLL, MM) <b>Special Samples:</b> <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)	<b>Genomics: Diagnostic/Relapse (BMA)</b> <p style="color: red;">For ALL requests on new diagnosis/relapse/full reassessment please send the following samples to arrive within 48 hours:</p> <ul style="list-style-type: none"> <li>• Lithium Hep</li> <li>• EDTA x2</li> </ul> <input type="checkbox"/> Genomic tests as per clinical details/morphology/flow Appropriate tests will be reflexed in SE-HMDS, so please ensure clinical details and blood counts are as accurate as possible, and sufficient samples sent.	<b>Genomics: Monitoring</b> <p style="color: red;">MRD samples to arrive Mon-Thurs Must arrive within 24 hours</p> <input type="checkbox"/> BCR::ABL1 monitoring (20ml PB EDTA)* <input type="checkbox"/> BCR::ABL1 TKD mutation (20ml PB EDTA)* <p style="color: red;">*Please indicate transcript type in clinical details.</p> <input type="checkbox"/> FIP1L1::PDGFRA (monitoring only) <input type="checkbox"/> AML molecular MRD (Paired PB and BM) <small>PML::RARA / CBFB::MYH11 / RUNX1::RUNX1T1 / NPM1 / Other</small> Specify other: _____		
<b>Histology/Cytopathology</b> Biopsy site: _____ <input type="checkbox"/> Morphology/IHC <input type="checkbox"/> Genomic testing <input type="checkbox"/> Second opinion <input type="checkbox"/> Histiocytosis investigations	<b>Specified Genomic Tests (PB)</b> <table border="1"> <tr> <td> <b>Myeloid: (EDTA)</b>  <input type="checkbox"/> MPN Panel (JAK2, Exon12, CALR, MPL)  <input type="checkbox"/> CML exclusion (BCR::ABL1)  <input type="checkbox"/> Rapid FISH required  <input type="checkbox"/> Eosinophilia FISH panel  <input type="checkbox"/> Myeloid Gene Panel  <input type="checkbox"/> Germline variant confirmation (skin) <input type="checkbox"/> Other _____           </td> <td> <b>Lymphoid: (EDTA)</b>  <input type="checkbox"/> CLL prognostics (panel + SNP-A + IgVH mutation) (20ml) (pre-treatment confirmed CLL)  <input type="checkbox"/> Lymphoid/histiocytic panel  <input type="checkbox"/> IGH + TCR (B/T clonality)           </td> </tr> </table>	<b>Myeloid: (EDTA)</b> <input type="checkbox"/> MPN Panel (JAK2, Exon12, CALR, MPL) <input type="checkbox"/> CML exclusion (BCR::ABL1) <input type="checkbox"/> Rapid FISH required <input type="checkbox"/> Eosinophilia FISH panel <input type="checkbox"/> Myeloid Gene Panel <input type="checkbox"/> Germline variant confirmation (skin) <input type="checkbox"/> Other _____	<b>Lymphoid: (EDTA)</b> <input type="checkbox"/> CLL prognostics (panel + SNP-A + IgVH mutation) (20ml) (pre-treatment confirmed CLL) <input type="checkbox"/> Lymphoid/histiocytic panel <input type="checkbox"/> IGH + TCR (B/T clonality)	<input type="checkbox"/> ALL molecular MRD <input type="checkbox"/> FISH (LH/EDTA) <input type="checkbox"/> Transplant/Chimerism (PB and BM) <input type="checkbox"/> add CD19 (for B-LPD/B-ALL)
<b>Myeloid: (EDTA)</b> <input type="checkbox"/> MPN Panel (JAK2, Exon12, CALR, MPL) <input type="checkbox"/> CML exclusion (BCR::ABL1) <input type="checkbox"/> Rapid FISH required <input type="checkbox"/> Eosinophilia FISH panel <input type="checkbox"/> Myeloid Gene Panel <input type="checkbox"/> Germline variant confirmation (skin) <input type="checkbox"/> Other _____	<b>Lymphoid: (EDTA)</b> <input type="checkbox"/> CLL prognostics (panel + SNP-A + IgVH mutation) (20ml) (pre-treatment confirmed CLL) <input type="checkbox"/> Lymphoid/histiocytic panel <input type="checkbox"/> IGH + TCR (B/T clonality)			

<b>CLINICIAN DETAILS</b> Requesting Clinician / Consultant: Hospital & Department: Clinician Group E-mail: Contact: Phone / Bleep	<b>Signature:</b> _____ Sample Collection: Date (dd/mm/yyyy) _____ Time (hh:mm) _____ Danger of infection (DOI): YES / NO <b>Details:</b> _____ (Must be provided or sample will not be processed)
Please send ALL samples to: <b>SE-HMDS</b> c/o Central Specimen Reception, Blood Sciences Laboratory, Ground Floor Bessemer Wing, King's College Hospital, Denmark Hill, London SE5 9RS	<b>SE-HMDS Reception:</b> <a href="mailto:kch-tr.sehmdsreception@nhs.net">kch-tr.sehmdsreception@nhs.net</a> (default for most enquiries) Consultant Haematologists <a href="mailto:kch-tr.KHMDC-consultants@nhs.net">kch-tr.KHMDC-consultants@nhs.net</a> Lab contact - Immunophenotyping: 020 3299 586 <a href="mailto:synnovis.immunophenotypingkch@nhs.net">synnovis.immunophenotypingkch@nhs.net</a> Lab contact - Cytogenetics: 020 3299 7637 <a href="mailto:kch-tr.cytogeneticslaboratory@nhs.net">kch-tr.cytogeneticslaboratory@nhs.net</a> Lab contact - Molecular Genomics: 020 7848 5809 <a href="mailto:kch-tr.LMH@nhs.net">kch-tr.LMH@nhs.net</a> Lab contact - Histopathology: 020 3299 3045 <a href="mailto:kch-tr.histopathologyoffice@nhs.net">kch-tr.histopathologyoffice@nhs.net</a> Lab contact - NPM1 MRD: 020 7188 7188 ext.51060 <a href="mailto:gst-tr.amlmrd@nhs.net">gst-tr.amlmrd@nhs.net</a>