

Request forms from: www.southeastgenomics.nhs.uk

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

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| 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) | | Asian or Asian British: | Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any Other Asian Background <input type="checkbox"/> |
| NHS number*: | | Black or Black British: | Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Other Black Background <input type="checkbox"/> |
| Hospital no: | Originating Lab No: | Other Ethnic Groups: | Chinese <input type="checkbox"/> Any Other Ethnic Group <input type="checkbox"/> (please specify: _____) |
| Patient postcode*: | Purchase Order No: | Not stated <input type="checkbox"/> | Not Known <input type="checkbox"/> |
| Non-NHSE Funded i.e. Research / Private (attach invoicing details) <input type="checkbox"/> | | | |

Indication for testing: New Diagnosis Staging /Prognosis Disease Monitoring/MRD[^] Transplant **URGENT (provide details)**

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| 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"/> 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 | Clinical Details (including recent targeted immunotherapy 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 Whole Genome Sequencing [ALL and AML] <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 * <i>*These are mandatory for WGS to proceed.</i> <input type="checkbox"/> Confirm 'Fit for Treatment' | FBC: date (dd/mm/yy) _____ Hb/PCV _____ MCV _____ WBC _____ Neutrophils _____ Lymphocytes _____ Monocytes _____ Eosinophils _____ Platelets _____ Blast count _____ Paraprotein: Isotype G / A / M K / L Quantification _____ |
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Specimens: Slides x3 PB BM Aspirate BM Trephine Lymph Node Skin Other (please specify) _____

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| Immunophenotyping/Morphology <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 | Genomics: Diagnostic/Relapse (BMA) <p style="color: red; font-size: small;">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"> • Lithium Hep • EDTA x2 <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. Specified Genomic Tests (PB) <table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 50%; vertical-align: top;"> Myeloid: (EDTA) <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 style="width: 50%; vertical-align: top;"> Lymphoid: (EDTA) <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> | Myeloid: (EDTA) <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 _____ | Lymphoid: (EDTA) <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) | Genomics: Monitoring <p style="color: red; font-size: small;">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="font-size: x-small; 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) Specify other: _____ <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) |
| Myeloid: (EDTA) <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 _____ | Lymphoid: (EDTA) <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) | | | |

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| 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) _____ Danger of infection (DOI): YES/NO Details: _____ <p style="font-size: x-small; color: red;">(Must be provided or sample will not be processed)</p> SE-HMDS Reception: kch-tr.sehmdsreception@nhs.net (default for most enquiries) Consultant Haematologists kch-tr.KHMDC-consultants@nhs.net Lab contact - Immunophenotyping: 020 3299 586 synnovis.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 |
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