

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) ☐			

*White:	British ☐ Irish ☐ Any Other White Background ☐
Mixed:	White And Black Caribbean ☐ White And Black African ☐ White And Asian ☐ Any Other Mixed Background ☐
Asian or Asian British:	Indian ☐ Pakistani ☐ Bangladeshi ☐ Any Other Asian Background ☐
Black or Black British:	Caribbean ☐ African ☐ Any Other Black Background ☐
Other Ethnic Groups:	Chinese ☐ Any Other Ethnic Group ☐ (please specify: _____)
Not stated ☐	Not Known ☐

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

Suspected Diagnosis ☐ CML ☐ MPN (non-CML) ☐ Mastocytosis ☐ CEL/HES ☐ MDS/MPN ☐ MDS ☐ ALL ☐ AML ☐ Myeloma ☐ CLL/LPD ☐ B/T-Cell Lymphomas ☐ Histiocytic/Dendritic ☐ Aplastic Anaemia/PNH ☐ 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	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] ☐ Somatic Sample (PB / BM in EDTA) ☐ Germline Sample* (Skin Bx Universal Container in saline) / Other – please specify _____ ☐ NHSE Record of Discussion Form attached * <i>*These are mandatory for WGS to proceed.</i> ☐ Confirm 'Fit for Treatment'	

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

Immunophenotyping/Morphology ☐ Immunophenotyping (EDTA + 3 unstained slides) ☐ PNH (PB EDTA only) ☐ Disease monitoring (ALL, AML, CLL, MM) Special Samples: ☐ CSF (Transfix + Universal sterile containers) ☐ Ascites/Pleural/Pericardial fluid (Universal sterile container) ☐ Full Aspirate Morphology Report (3 unstained slides) Histology/Cytopathology Biopsy site: _____ ☐ Morphology/IHC ☐ Genomic testing → Please specify ☐ Second opinion ☐ Histiocytosis investigations	Genomics: Diagnostic/Relapse (BMA) For ALL requests on new diagnosis/relapse/full reassessment please send the following samples to arrive within 48 hours: • Lithium Hep • EDTA x2 ☐ 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 / FFPE) <table border="1"> <tr> <td> Myeloid: ☐ MPN Panel (JAK2, Exon12, CALR, MPL) ☐ CML exclusion (BCR::ABL1) ☐ Rapid FISH required ☐ Eosinophilia FISH panel ☐ Myeloid Gene Panel ☐ Germline variant confirmation (skin) ☐ Other _____ </td> <td> Lymphoid: ☐ CLL prognostics (panel + SNP-A + IgVH mutation) (20ml) (pre-treatment confirmed CLL) ☐ Lymphoid/histiocytic Panel ☐ IGH + TCR (B/T clonality) ☐ FISH (FFPE) _____ </td> </tr> </table>	Myeloid: ☐ MPN Panel (JAK2, Exon12, CALR, MPL) ☐ CML exclusion (BCR::ABL1) ☐ Rapid FISH required ☐ Eosinophilia FISH panel ☐ Myeloid Gene Panel ☐ Germline variant confirmation (skin) ☐ Other _____	Lymphoid: ☐ CLL prognostics (panel + SNP-A + IgVH mutation) (20ml) (pre-treatment confirmed CLL) ☐ Lymphoid/histiocytic Panel ☐ IGH + TCR (B/T clonality) ☐ FISH (FFPE) _____	Genomics: Monitoring MRD samples to arrive Mon-Thurs Must arrive within 24 hours ☐ BCR::ABL1 monitoring (20ml PB EDTA)* ☐ BCR::ABL1 TKD mutation (20ml PB EDTA)* <i>*Please indicate transcript type in clinical details.</i> ☐ JAK2 V617F Monitoring ☐ FIP1L1::PDGFRA (monitoring only) ☐ AML molecular MRD (Paired PB and BM) PML::RARA / CBFB::MYH11 / RUNX1::RUNX1T1 / NPM1 / Other Specify other: _____ ☐ ALL molecular MRD ☐ FISH (LH/EDTA) ☐ Transplant/Chimerism (PB and BM) ☐ add CD19 (for B-LPD/B-ALL)
Myeloid: ☐ MPN Panel (JAK2, Exon12, CALR, MPL) ☐ CML exclusion (BCR::ABL1) ☐ Rapid FISH required ☐ Eosinophilia FISH panel ☐ Myeloid Gene Panel ☐ Germline variant confirmation (skin) ☐ Other _____	Lymphoid: ☐ CLL prognostics (panel + SNP-A + IgVH mutation) (20ml) (pre-treatment confirmed CLL) ☐ Lymphoid/histiocytic Panel ☐ IGH + TCR (B/T clonality) ☐ FISH (FFPE) _____			

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: _____
 (Must be provided or sample will not be processed)

SE-HMDS Reception: sehmdsreception@synnovis.co.uk Urgent enquiries: 020 3299 5862
 Consultant Haematologists kch-tr.KHMDC-consultants@nhs.net
 Lab contact-Immunophenotyping: sehmdsimmunophenotyping@synnovis.co.uk
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 Lab contact-Molecular Genomics: sehmdslmh@synnovis.co.uk
 Lab contact-Histopathology: histopathologyoffice@synnovis.co.uk
 Lab contact-NPM1 MRD: gst-tr.amlmrd@nhs.net