Haematological Malignancy Diagnostic Service Request Form

HMDS, Haematology/Biochemistry Combined Reception
Western General Hospital, Crewe Road South, Edinburgh EH4 2XU
Tel. 0131-537-2374 email: hmds.lothian@nhslothian.scot.nhs.uk
website: https://edinburghlabmed.co.uk/Specialities/GeneScience/HMDS/Pages/default

REQUESTOR DETAILS:

Requesting Consultant/GP:			
Hospital/Site			
Contact telephone/page:		**Destination for report:**	

PATIENT DETAILS:

Surname:		**Forename:**	
CHI (or Date of Birth):		**Gender:**	M / F
Address :			
Specimen Ref. No.		**Specimen type:** PB ☐ BM ☐ FFPE ☐	
Sample collection date/time		**Priority:** Routine ☐ Urgent ☐	
Clinical details:			

Please tick test requested

CML t(9;22) BCR::ABL1 ☐ Qualitative diagnostic sample ☐ Quantitative BCR::ABL1 (follow up) Specify **P190** or **P210** (please circle) ☐ BCR::ABL1 kinase domain mutation analysis *10-15 mls blood (EDTA)*	**Lymphoma/mature lymphoid malignancies** ☐ T cell clonality studies ☐ B cell clonality studies ☐ MYD88 p.L265P ☐ BRAF p.V600E *5 mls blood (EDTA) or bone marrow specimen or FFPE*
Acute myeloid leukaemia ☐ t(15;17) PML::RARA ☐ t(8;21) RUNXT1::RUNX1T1 ☐ Inv (16) CBFB::MYH11 ☐ t(9;22) BCR::ABL1 ☐ FLT3 ITD/TKD mutation ☐ NPM1 mutation ☐ KMT2A (MLL fusions) ☐ KIT p.D816V ☐ Myeloid next generation sequencing Diagnostic sample ☐ Post cycle 2 ☐ Post cycle 1 ☐ Surveillance ☐ *10 -15mls blood (EDTA) or bone marrow specimen*	**Acute lymphoblastic leukaemia** ☐ t(9;22) BCR::ABL1 ☐ t(12;21)ETV6::RUNX1 ☐ t(1;19) E2A::PBX1 ☐ KMT2A (MLL fusions) ☐ IG/TCR MRD Diagnostic sample ☐ Follow up sample ☐ *10-15 mls blood (EDTA) or bone marrow specimen*
MPN ☐ KIT p.D816V ☐ FIP1L1::PDGFRA fusion *10-15 mls blood (EDTA) or bone marrow specimen*	**CLL** ☐ TP53 ☐ IGHV mutation status *5 mls blood (EDTA) or bone marrow specimen*
Other tests [For NGS for diagnoses other than AML, please complete a myeloid NGS request form]	

Address for delivery:

HMDS, Western General Hospital,
Haematology/Biochemistry
Combined Reception
Immunophenotyping
Laboratory, Crewe Road South,
Edinburgh EH4 2XU

Phone: 0131 5372374 / 0131 5371145
Internal: 32374 / 31145

Arrange for immediate transport to the laboratory.

It is your responsibility to ensure that samples are packaged to comply with the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR, 2017) at https://www.unece.org/fileadmin/DAM/trans/danger/publi/adr/adr2017/ADR2017e_web.pdf

Fold along the dotted lines and place in sample bag with address facing outwards

Consent

In accordance with the requirements of the Human Tissue (Scotland) Act 2006, **it is the responsibility of the referring clinician to ensure that appropriate informed consent has been obtained before any testing is undertaken.** The laboratory must be informed of any restrictions to this consent (e.g. storage of samples).

Unless otherwise informed, the laboratory assumes that all appropriate consent has been obtained from the patient for the tests requested and for storage of the derived DNA and RNA for future use both in assisting further testing (if required) and in the development of future diagnostic tests. If in doubt, contact a member of the HMDS team to discuss.

Incomplete or illegible forms may cause delay or rejection of samples

FOR LABORATORY USE ONLY			
Received by		Volume received	
Date/time received		Lab number	