Haematological Malignancy Diagnostic Service

Myeloid NGS Request Form

HMDS, Western General Hospital, Haematology/
Biochemistry Combined Reception
Immunophenotyping Laboratory
Crewe Road, Edinburgh, EH4 2XUT
el. 0131-537-2374 email: hmds.lothian@nhslothian.scot.nhs.uk
website: www.edinburghlabmed.co.uk/Specialities/GeneScience/HMDS

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 ☐	
Sample collection date/time			

Please tick a reason for testing:

☐ Intensive treatment-eligible AML patient

☐ Transplant eligible MDS patient

☐ Transplant eligible patient with PMF

☐ For differentiation of hypoplastic MDS/aplastic anaemia

☐ Atypical MPN (triple negative PMF phenotype, MDS/MPN overlap)

☐ Selected relapsed AML patient to provide therapeutic information

☐ DNA and RNA storage

☐ Other (please provide details)

Address for delivery:

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

Phone: 0131-537-2374
Internal: 32374

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	