NHS Lothian

HMDS Immunophenotyping Request Form

HMDS Immunophenotyping Laboratory, Pathology Department,
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💻 www.edinburghlabmed.co.uk

✓ Please ensure this form is complete and samples are received by the laboratory within 24 hours

PATIENT DETAILS	REQUESTOR DETAILS	LABORATORY USE ONLY
FORENAME.....	REQUESTOR.....	Received.....
SURNAME.....	CONSULTANT.....	HMDS Lab No:
CHI/DOB.....	DEPARTMENT.....	
SEX (AS RECORDED ON BIRTH CERTIFICATE) ☐ M ☐ F	HOSPITAL.....	
	PHONE/BLEEP.....	

TEST REQUIRED (MANDATORY)

Malignant Immunophenotyping

☐ Acute Panel ☐ Lymphoid Panel ☐ PNH Panel (peripheral blood only)

TBNK (peripheral blood only)

☐ CD4/CD8 ☐ Lymphocyte Subsets ☐ CD19

SAMPLE INFORMATION

Date Collected:……

Time Collected:……

☐ Blood ☐ Bone Marrow

Blood and bone marrow samples in EDTA

*** Pre-authorisation required, please call laboratory ***

☐ Ascitic Fluid ☐ Pleural Fluid

☐ Cerebrospinal Fluid

Fluids in universal containers

EXTERNAL LABORATORY NUMBER

DIAGNOSIS

Diagnosis/Provisional Diagnosis (if known):……

……

DISEASE STAGE

☐ Diagnostic/staging ☐ Relapse ☐ Transformation ☐ Treatment response

CLINICAL DETAILS

☐ ?ALL	☐ ?AML	☐ ?APML	☐ ?CLL	☐ ?NHL/LPD
☐ ?Aplastic anaemia	☐ Blasts in film	☐ IgM paraprotein	☐ Lymphadenopathy	☐ Lymphocytosis
☐ Night sweats	☐ Pancytopenia	☐ Splenomegaly	☐ Unusual thrombosis	

Other clinically relevant information: ……

……

ADDRESS FOR SAMPLES

HMDS IMMUNOPHENOTYPING LABORATORY

HAEMATOLOGY/BIOCHEMISTRY COMBINED RECEPTION

CLOCK TOWER ENTRANCE

WESTERN GENERAL HOSPITAL

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