


Molecular MRD Request Form

Please ensure that all fields are completed

Laboratory Accession Number
(for laboratory use only)

Patient details		
Name		
Date of birth		
Address		
Hospital Number		
NHS Number		
PCT		
Treatment centre		WCC
Consultant		Phenotype
Previous Trial Number		NCI Risk
Ph +ve		End of Induction Date

Details of consent for MRD Analysis and Cell Banking		
Consent obtained for: (Please tick)	MRD Analysis	
Print Name	LLR Cell Bank	
Position		
Sign & Date		



Sample details	Sample time-point:	Please tick
Sample type	Diagnosis	
Date sample taken	Day 29	
Time sample taken	Day 71	
By whom	Other	
Contact person		
Telephone no.		

Location for results report:	
Consultant	
Treatment centre	
Address	
nhs.net email address	

Your Molecular MRD laboratory is:								
Bristol MRD Group Bristol Genetics Laboratory Pathology Sciences Southmead Hospital Bristol BS10 5NB		<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Telephone</td> <td style="padding: 2px; text-align: right;">0117 41 46173</td> </tr> <tr> <td style="padding: 2px;">Fax</td> <td style="padding: 2px; text-align: right;">0117 41 46464</td> </tr> <tr> <td style="padding: 2px;">e-mail</td> <td style="padding: 2px; text-align: right;">jeremy.hancock@nbt.nhs.uk</td> </tr> </table>	Telephone	0117 41 46173	Fax	0117 41 46464	e-mail	jeremy.hancock@nbt.nhs.uk
Telephone	0117 41 46173							
Fax	0117 41 46464							
e-mail	jeremy.hancock@nbt.nhs.uk							

Your Flow MRD laboratory is:	