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| Hospital No: | Sex: <i>M / F / Intersex</i> Transgender: <i>MTF / FTM</i> | Requesting Consultant: |
| Surname: | DOB: / / | Requesting Hospital: |
| Forename: | Sample Collection Date & Time: | Address for Report: |
| NHS No: | High Risk Pathogen YES/NO Specify: | URGENT / ROUTINE |
| Originating Lab No: | This field must be provided or the sample will not be processed. | |
| Purchase Order No: | NHS / Research / Private | |

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|-------------------------------|-----------------------------------|-------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> MDS | <input type="radio"/> Non-CML MPN | <input type="radio"/> CEL/HES | New Diagnosis <input type="radio"/> | Clinical Details/Recent Antibody Rx: |
| <input type="radio"/> CML | <input type="radio"/> MDS/MPN | <input type="radio"/> AML | Staging <input type="radio"/> | |
| <input type="radio"/> B/T-ALL | <input type="radio"/> CLL/LPD | <input type="radio"/> NHL/HL | Prognosis <input type="radio"/> | |
| <input type="radio"/> MM/PCD | <input type="radio"/> AA | <input type="radio"/> PNH | Pre-treatment <input type="radio"/> | |
| | | | Rx Response-MRD <input type="radio"/> | |
| | | | Progression <input type="radio"/> | |
| | | | Relapse <input type="radio"/> | |
| | | | Post transplant <input type="radio"/> | |

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| Organomegaly: Liver / spleen / LN's | Hb | WBC | Neuts | Plts |
| Paraprotein: G / A / M / D / E k / λ | PCV | MCV | Lymphs | Monos |
| Quantification | | Blasts | Other: | |

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|----------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|--------------------------|----------------------|
| Lymph Node <input type="radio"/> | BM Trephine <input type="radio"/> | Unstained Slide <input type="radio"/> | BM Aspirate <input type="radio"/> | PB <input type="radio"/> | Other specify: |
|----------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|--------------------------|----------------------|

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| Immunophenotyping + Brief morphology (PB/BM EDTA +2 unstained slides) <input type="radio"/> PNH: PB only 1ml in EDTA <input type="radio"/> Special samples: CSF: (tranfix bottle from KCH + sample in sterile container for cytospin) <input type="radio"/> Ascites/Pleural/Pericardial fluid (sterile container) <input type="radio"/> Full Cytomorphology Report 3 unstained slides <input type="radio"/> Histo/cytopath formalin fixed <input type="radio"/> FFPE <input type="radio"/> Other <input type="radio"/> | Genomics Please always send <u>two</u> specimens: Transport Medium/Li Hep & EDTA . <i>Samples MUST arrive in laboratory within 48 hours. 1-2 mL BM or 5 mL PB for all tests except those with # which require 20 mL PB</i> | | | | |
| | Cytogenetics (Transport medium or Li Heparin & EDTA) G-Banded Karyotype <input type="radio"/> FISH <input type="radio"/> FISH panels: <input type="radio"/> Eosinophilia <input type="radio"/> Myeloma <input type="radio"/> SNP-A Karyotype for AA/low-risk MDS <input type="radio"/> Other specify/FISH probes: | Molecular Genetics (EDTA) | | | |
| | | LPDs CLL: SNP-A/FISH <input type="radio"/> +TP53 sequencing <input type="radio"/> IGVH mutation# <input type="radio"/> SF3B1 mutation <input type="radio"/> Clonality: IGH and TCR <input type="radio"/> MYD88 L265P <input type="radio"/> BRAF V600E <input type="radio"/> Other specify: | MPNs BCR-ABL1/ABL1# <input type="radio"/> specify transcript type: p190 / 210 / 230 ABL Kinase Domain Mutation# <input type="radio"/> JAK2 V617F* <input type="radio"/> JAK2 exon 12* <input type="radio"/> CALR* <input type="radio"/> MPL* <input type="radio"/> FIP1L1-PDGFR (monitoring only/ select FISH for dx) <input type="radio"/> | Acute Leukaemias & Myeloid disorders NPM1 and FLT3 mutations <input type="radio"/> Myeloid Gene panel <input type="radio"/> MRD ANALYSIS  Recurrent Genetic Abnormalities (RGA) by FISH &/or PCR require: Transport Medium/Li Hep + 2x EDTA Please specify RGA: DO NOT send MRD specimens on Friday PM Specimens must arrive within 48 hours | Transplant Chimerism: BM Unfractionated <input type="radio"/> PB Unfractionated <input type="radio"/> CD3/CD15/(+/- CD19)# <input type="radio"/> Pre-transplant control sample <input type="radio"/> |
| | | *MDS, MDS/MPN: please indicate progressive testing required if initial tests normal: Yes / No | | | |

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| Please send all samples to: King's HMDC Laboratory c/o Central Specimen Reception Blood Sciences Laboratory Ground Floor Bessemer Wing King's College Hospital Denmark Hill, London SE5 9RS KHMDc Reception: 0203 299 5862 | Name: | Signature: |
| | Contact: tel/bleep/email: | <small>This field must be provided or the sample will not be processed</small> |
| Lab contact Immunophenotyping: 020 3299 5869 email: viopath.immunophenotypingkch@nhs.net Lab contact Cytogenetics: 020 3299 7637 email: kch-tr.cytogeneticslaboratory@nhs.net Lab contact Molecular Genetics: tel. 020 7848 5809 email: kch-tr.LMH@nhs.net | | |