

OXFORD BRC HAEMATO - MOLECULAR DIAGNOSTIC SERVICE

REQUEST FORM

PATIENT DETAILS (please fill in or attach addressograph)

Surname:		First Name:	
Sex:	D.O.B:	Post Code:	Hospital No:
NHS No:		Consultant/GP:	
Hospital/GP Practice:			

REQUESTER DETAILS

Requesting Clinician:	Contact Phone No/e-mail:
Address for report:	Address for invoice:

Reason for referral:

INVESTIGATION REQUIRED (see user guide for list of investigations offered): Please supply other relevant clinical information as appropriate, including ethnicity, current treatment, results from other family members etc.

Janssen TP53 NGS test for CLL reimbursement Yes / No

TO AID INTERPRETATION OF RESULTS, PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION (as appropriate for your requested investigation)

All Requests	Please enter recent WBC, Hb, and platelet results:	Hb'opathy Requests	Please enter Hb A ₂ , Hb F, RBC, MCV and MCH results:
Lymphoma/Leukaemia Requests	Please enter recent Morphology, Immunophenotyping and Cytogenetics Results:	Thrombophilia Requests	Please enter APC result:
Haemophilia Requests	Please enter relevant factor levels:	Haemachromatosis Requests	Please enter recent Ferritin, TIBC and MCV results .

SAMPLE DETAILS Type of sample sent: BMA/PB/Other..... Sample Reference Number..... Date & time taken.....	Solid Tumour Requests: Please use a separate form found on our website: Cancer Genetic Service Request Form
	Consent has been obtained for the DNA/RNA of this sample to be stored and used in research/development projects that have been granted ethical approval (please delete as appropriate): Yes / No Signed..... Clinician:..... Date.....

Consultant Haematologist, Head of BRC/NHS Translational Molecular Diagnostics: Dr. Anna Schuh. MD, PhD, MRCP, FRCPath
 Consultant Haematologist: Dr Angela Hamblin *BMBCCh BA PhD MRCP FRCPath*
 Consultant Clinical Scientist/Scientific Lead: Dr. Shirley Henderson. *PhD*.
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 Sample reception: 01865 572769 Sec: 01865 572826 Immunophenotyping: 01865 572827 Fax: 01865 572775
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