

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 Telephone No/e-mail:
Address for report:	Address for invoice:
Reason for referral:	

INVESTIGATION REQUIRED (see website for full list of investigations offered):

CLL TP53 NGS Janssen Reimbursement

Janssen TP53 NGSreimbursement Yes/No **TP53 FISH analysis also requested (not covered by Janssen) 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:		
Lymphoma/ Leukaemia Requests	Please enter recent Morphology, Immunophenotyping and Cytogenetics Results:		
Solid Tumour	Please use a separate form found on our website: Cancer Genetics Service Request Form.	Hb'opathy and Rare Anaemia Requests	Please use separate forms found on our website: NHRL Genotype Request Form NHRL PND Request Form Oxford Red Cell Panel referral Form

<p><u>SAMPLE DETAILS</u></p> <p>Type of sample sent: BMA/PB/Other.....</p> <p>Date & time taken.....</p> <p>Sample Reference Number.....</p>	<p>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):</p> <p>Yes / No Signed.....</p> <p>Clinician:..... Date.....</p>
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