

Lab Number:

**MOLECULAR PATHOLOGY / HAEMATOLOGY TEST REQUEST FORM**

West of Scotland Genetic Services (Laboratories)

Level 2, Laboratory Medicine, Southern General Hospital, Govan Road, Glasgow, G51 4TF



<http://www.nhsqgc.org.uk/medicalgenetics>

ENQUIRIES Tel: 0141 354 9300 Fax: 0141 232 7980 Email: [geneticlabs@ggc.scot.nhs.uk](mailto:geneticlabs@ggc.scot.nhs.uk) or [gg-uhb.geneticsglasgow@nhs.net](mailto:gg-uhb.geneticsglasgow@nhs.net)

Please use printed barcode label if possible

Requested by: Consultant / GP		<b>CHI Number- This is essential</b>		Date of Birth	Sex
Hospital/Site		Name		Forename	
Ward/Dept	Contact/Page No	Address			
Sample Date and time: <b>(Essential)</b>		ode:			
Destination for report:					
Clinical Details:		<u>Diagnosis</u> <input type="checkbox"/>		<u>Follow up</u> <input type="checkbox"/>	
		<u>Priority:</u>			
		Routine <input type="checkbox"/>		Urgent <input type="checkbox"/>	
<b>Please ensure all samples are sent NEXT DAY Delivery (especially QPCR &amp; CLL samples), to ensure that processing can be carried out.</b>					
Please tick test required:		<u>Sample Type:</u> PB <input type="checkbox"/> BM <input type="checkbox"/>		<u>Date/Time Received</u>	
<b>CML &amp; ALL</b> t(9;22) <i>BCR-ABL</i> (Qualitative diagnostic sample only) 20mls EDTA <input type="checkbox"/>		<b>Myeloproliferative Neoplasm (5mls EDTA)</b> Must be specified, please circle type below PV ET PMF			
<b>AML</b> t(15;17) <i>PML-RARA</i> <input type="checkbox"/> t(8;21) <i>AML1-ETO</i> <input type="checkbox"/> inv(16) <i>CBFB-MYH11</i> <input type="checkbox"/> <i>FLT3 / NPM1</i> <input type="checkbox"/> (20mls EDTA)		<b>POST TRANSPLANT CHIMÆRISM</b> Date of transplant: Sex of donor: M <input type="checkbox"/> F <input type="checkbox"/> Whole blood only (5mls EDTA) <input type="checkbox"/> Whole blood with lymphoid + myeloid split (20mls EDTA) <input type="checkbox"/>			
<b>Pre-Transplant DNA Storage</b> <b>Donor ID Number:</b> Donor <input type="checkbox"/> <b>Patient sample</b> (5mls EDTA) <input type="checkbox"/>		<b>CLL prognostic markers.</b> Initial Investigation <input type="checkbox"/> Follow-up (10mls EDTA) <input type="checkbox"/>			
<b>Q-PCR BCR-ABL</b> (Quantitative) 20mls EDTA <input type="checkbox"/>		<u>Transcript type: (please circle)</u> P190 or P210			