# MOLECULAR PATHOLOGY / HAEMATOLOGY TEST REQUEST FORM

West of Scotland Genetic Services (Laboratories)
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http://www.nhsggc.org.uk/medicalgenetics

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

<table>
<thead>
<tr>
<th>Requested by: Consulta/ GP</th>
<th>CHI Number - This is essential</th>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/Site</td>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward/Dept</td>
<td>Contact/Page No</td>
<td>Address</td>
<td></td>
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<tr>
<td>Sample Date and time: (Essential)</td>
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</tbody>
</table>

**Destination for report:**

**Clinical Details:**

- Diagnosis
- Follow up
- Priority: Routine □ Urgent □

**Please ensure all samples are sent NEXT DAY Delivery (especially QPCR & CLL samples), to ensure that processing can be carried out.**

**Please tick test required:**

<table>
<thead>
<tr>
<th>Sample Type</th>
<th>PB</th>
<th>BM</th>
<th>Date/Time Received</th>
</tr>
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</table>

**CML & ALL**

- t(9;22) BCR-ABL

(Qualitative diagnostic sample only) □

20mls EDTA

**AML**

- t(15;17) PML-RARA
- t(8;21) AML1-ETO
- inv(16) CBFβ-MYH11
- FLT3 / NPM1

(20mls EDTA)

**Myeloproliferative Neoplasms (5mls EDTA)**

Must be specified, please circle type below

<table>
<thead>
<tr>
<th>PV</th>
<th>ET</th>
<th>PMF</th>
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</thead>
<tbody>
<tr>
<td>POST TRANSPLANT CHIMÆRISM</td>
<td></td>
<td></td>
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<tr>
<td>Date of transplant: Sex of donor: M □ F □</td>
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<tr>
<td>Whole blood only (5mls EDTA)</td>
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<tr>
<td>Whole blood with lymphoid + myeloid split (20mls EDTA)</td>
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**Pre-Transplant DNA Storage**

- Donor ID Number: □

**CLL prognostic markers.**

- Initial investigation □

- Follow-up (10mls EDTA)

**Q-PCR BCR-ABL**

(Quantitative) 20mls EDTA □

- Transcript type: (please circle)

P190 or P210