Northern England Haemato-Oncology Diagnostic Service NEHODS

NEHODS, Blood Sciences Reception, Level 3, Leazes Wing, Royal Victoria Infirmary, Newcastle upon Tyne Hospitals NHS Foundation Trust, NE1 4LP
0191 282 5028 tnu-tr.nehods@nhs.net

PATIENT DETAILS
Surname: **Forename:**
NHS Number:
Postcode:
Date of Birth:

Referring Hospital:
Ward:
Referring Consultant:
Contact Details:

SAMPLE DETAILS
If very Urgent, phone 0191 282 5028
Known or suspected Biohazard? Please label appropriately
Requested by:
Date and time requested:

SPECIMENS
Peripheral blood ☐
Bone marrow aspirate ☐
Site:
Bone marrow trephine ☐
Site:
Lymph Node ☐
Site:
CSF ☐
Other Specimens ☐

'Originating' LABORATORY NUMBER

SPECIFIC TESTS REQUIRED
Morphology ☐
Iron Stain ☐
Flow cytometry
ALP ☐ **LP** ☐ **Hold** ☐
Cytogenetics ☐
Molecular ☐

CLINICAL DETAILS

Suspected/known diagnosis: Previous NEHODS Sample: Yes ☐ No ☐

Lymphoma staging marrow: Yes ☐ No ☐

Relevant Clinical History: (including recent chemo/radiotherapy & G-CSF treatment):

Investigational pathway:
☐ **Acute Leukaemia**
☐ **Cytopenia**
☐ **Myeloproliferative**
☐ **Lymphoma**
☐ **Myeloma**
☐ **Other**

FBC:
Hb:
MCV:
WCC:
Plt:
Neut:
Lym:
Blast:

Sample taken by: **Date and time:** dd/mm/yyyy hh:mm

Consent (this must be completed)

This patient consents to the storage of sample(s), including any surplus cells or tissue after diagnosis, for medical research, teaching, audit and quality control.
Yes ☐ No ☐

Confirmed by (signature) PRINT NAME:

For Lab Use Only

	Slide File Number	Lab Number
MARROW	B/	
TREPHINE	B/	

IMMUNOPHENOTYPING / CYTOCHEMISTRY / DNA PLOIDY