

# 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  
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<b>PATIENT DETAILS</b> Surname:  Forename:  D.O.B.  NHS Number:	<b>REFERRING HOSPITAL:</b>  Consultant:  Ward:  Contact Details:	<b>REQUESTED BY:</b>  Date / time requested:  Originating Lab Number:  <b>Sample urgent?</b> Yes <input type="radio"/> No <input type="radio"/>	<b>SPECIMENS:</b> Peripheral blood <input type="checkbox"/> Bone marrow aspirate <input type="checkbox"/> Site: Bone marrow trephine <input type="checkbox"/> Site: Lymph Node <input type="checkbox"/> Site: CSF <input type="checkbox"/> Other Specimens <input type="checkbox"/>	<b>FULL BLOOD COUNT:</b>  Hb: Plt: WCC: Neut: Mono: Lymph: Blast:
<b>CLINICAL DETAILS (including relevant history)</b>      Known or suspected Biohazard? Please label appropriately		<b>SPECIFIC TESTS REQUIRED</b> MRD <input type="checkbox"/> Morphology <input type="checkbox"/> Iron Stain <input type="checkbox"/> Flow cytometry: ALP <input type="checkbox"/> LP <input type="checkbox"/> Hold <input type="checkbox"/> Molecular: <input type="checkbox"/> BCR-ABL1 monitoring <input type="checkbox"/> Other—please specify JAK2 V617F / exon 12 (for polycythaemia) <input type="checkbox"/> JAK2/MPL/CALR (for other MPN) <input type="checkbox"/> Cytogenetics <input type="checkbox"/> BCR-ABL1 diagnostic FISH <input type="checkbox"/>		

Sample taken by:

Date and time: dd/mm/yyyy hh:mm

