

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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PATIENT DETAILS Surname: Forename: D.O.B. NHS Number:	REFERRING HOSPITAL: Consultant: Ward: Contact Details:	REQUESTED BY: Date / time requested: Originating Lab Number: Sample urgent? Yes <input type="radio"/> No <input type="radio"/>	SPECIMENS: 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"/>	FULL BLOOD COUNT: Hb: Plt: WCC: Neut: Mono: Lymph: Blast:
CLINICAL DETAILS (including relevant history) Known or suspected Biohazard? Please label appropriately		SPECIFIC TESTS REQUIRED 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

