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

CONTACT US: **0191 282 5028** **nuth.cancer.genomics@nhs.net** **nuth.FlowCytometryLab@nhs.net**

PATIENT DETAILS	FULL BLOOD COUNT:	REFERRING HOSPITAL:	REQUESTED BY:	FOR LAB USE ONLY
Surname	Hb:			
	Plt:	**Consultant:**	**Date / time:**	
Forename	WCC:			
	Neut:	**Ward:**	**Lab number:**	
D.O.B.	Mono:			
	Lymph:	**Contact details:**	**Sample urgent?**	
NHS No.	Blast:			

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

CLINICAL DETAILS (including relevant history)

Known or suspected Biohazard? Please label appropriately

SPECIMENS:

- **Peripheral blood** ☐
- **Bone marrow aspirate** ☐
  Site:
- **Bone marrow trephine** ☐
  Site:
- **Lymph Node** ☐
  Site:
- **CSF** ☐

Other Specimens

SPECIFIC TESTS REQUIRED

- **Morphology** ☐ **Iron stain** ☐
- **Flow cytometry** ☐
- **MRD** ☐
- **Molecular:** ☐ ***BCR*::*ABL1* monitoring** ☐
  MPN (*JAK2* / *MPL* / *CALR*) ☐
- **Cytogenetics** ☐ ***BCR*::*ABL1* diagnostic FISH** ☐

If specific test(s) required please list: