

Specialist Integrated Haematological Malignancies Diagnostic Service (SIHMDS) Study request

Patient name

Date of birth **Gender**
 / / Male Female

Hospital number

NHS number

Consultant name

Hospital / address

Sender's contact name and phone number

Please tick if Private Patient

Diagnosis (please provide) Confirmed Provisional

Date sample taken (please provide)
 / /

Time

Bone marrow Blood Other

Please indicate whether relevant tests have been requested outside RMH SIHMDS

If so which tests:

Current state
 Diagnosis Pre-treatment Active
 Remission (for MRD study) Relapse

Extra test(s) required outside diagnostic pathway

Sample should not follow pathway due to clinical factors eg extreme age, poor condition

Relevant clinical history and reason for study (please provide)

Please give all clinical information that is relevant to the requested studies e.g. treatment/disease history and results of any similar studies.

Please select the study or studies required for each laboratory (separate samples are usually needed)

Immunophenotyping
 (Sample in EDTA, heparin or trephine in saline)

Panels will be set up according to suspected diagnosis

Please supply a BM / blood film.

Hb MCV

WBC Platelets

Lymphocytes

Neutrophils

Monocytes

Blasts

Lymphadenopathy

Splenomegaly

Paraprotein

Molecular Diagnostics
 (Sample in EDTA or trephine in saline)

According to diagnostic pathway

AML FLT3 testing at relapse

AML / ALL / APL MRD

AML / ALL / MDS diagnostic work-up (NGS / translocation pane I/ NPM1 /FLT3)

B-Cell Clonality

BCR-AB11 monitoring / MRD

Chimerism

Chronic T Lymphoid NGS panel (RHOA, DNMT3A, IDH2, TET2, STAT3, STAT5B, TP53)

CLL NGS panel / Chronic B Lymphoid NGS panel / IGH mutation screen

CLL TP53 mutation/detection

DNA NGS panel other (please specify in clinical details section)

MPN / CML / Polycythaemia diagnostic workup

Other (please specify in clinical details section)

Paediatric DNA NGS panel (technical report only)

Paediatric NGS panel (technical report only)

Paediatric RNA NGS panel (technical report only)

T cell clonality

Cytogenetics
 (Sample in heparin only)

Karyotype / chromosomes

FISH

Please state the FISH study / studies required.

Histopathology

BM trephine

LN biopsy

Others (please specify)

Morphology

PB

BM

Please contact the laboratory directly for further details of NGS panels available.

