|  |  |
| --- | --- |
| PATIENT DETAILS (or addressograph) | REFERRER INFORMATION |
| NHS NO. |   | SUBMITTER HOSPITAL |   |
| HOSPITAL NO. |   | CLINICIAN NAME |   |
| SURNAME |   | SPECIALITY |   |
| FORENAME(S) |   | CONTACT EMAIL \*  |   |
| DATE OF BIRTH |   | CONTACT PHONE \* |   |
| POSTCODE |   | CC to: |   |
| ETHNICITY |   | *\*Clinician contact for queries (Secure/NHS.net email required)* |
| GENDER | [ ] M  | [ ]  F | [ ]  Other | [ ] NHS | [ ] PRIVATE | [ ] RESEARCH |
|  |  | **Invoices for non-NHS patients will be sent to referring clinician** |
|  |
| SPECIMENS |
| The full list of acceptable specimen types: <https://www.eastgenomics.nhs.uk/for-healthcare-professionals/genomic-tests/sample-requirements/>  |
|  |  |  |  |  | Y | N |
|[ ]  PERIPHERAL BLOOD |  |  | Danger of infection/High Risk Sample?  |[ ] [ ]
|[ ]  BONE MARROW ASPIRATE |  |  | Suspected/Known TB |[ ] [ ]
|[ ]  BONE MARROW TREPHINE |  |  |  Affix risk of infection sticker hereOr write in details of infection risk |
|[ ]  TISSUE BIOPSY, SPECIFY |   |  |  |
|[ ]  OTHER, SPECIFY |   |  |  |
|  |
| COLLECTION DATE/TIME |   | PREPARED BY  |   |
| SPECIMEN ID |   | (PRINT NAME) |   |
|  |
| GENOMIC TEST REQUIRED |
|[ ]  URGENT | IF URGENT RESULT REQUIRED, Please telephone the laboratory in advance |
|[ ]  JAK2 V617F (*M85.14*) |[ ]  CALR Exon 9(*M85.16*) |[ ]  BCR::ABL1 Diagnostic PCR*(non-urgent – TAT: 14 days)*(*M85.11*) |[ ]  BCR/ABL1 Diagnostic FISH*(urgent ?CML – TAT: 3 days)*(*M85.24*) |
|[ ]  JAK2 Exon 12(*M85.15*) |[ ]  MPL Exon 10(*M85.17*) |[ ]  BCR::ABL1 Monitoring for CML(*M89.13*) |[ ]  BCR::ABL1 Tyrosine Kinase Domain Mutation Analysis(*M89.17*) |
|  |
| CLINICAL INFORMATION - *Including suspected diagnosis, known transcripts, relevant therapies, and NGTD Clinical Indication Code* | RECENT FBC | DATE:  |
|  | HB |   | g/l | NEUTROPHILS |   | X109/l |
|  | WBC |   | X109/l | MONOCYTES |   | X109/l |
|  | PLT |   | X109/l | LYMPHOCYTES |   | X109/l |
|  | MCV |   | fl | OTHER |   |   |
|  | NB National Genomic Test Directory (NGTD) codes can be found on:<https://www.england.nhs.uk/publication/national-genomic-test-directories/>  |
|  |
| Please Send Completed Form and Associated Specimens to: |
| Cambridge University Hospitals Genomic Laboratory. Box 143, Cambridge University Hospital Foundation Trust; Cambridge, CB2 0QQTel: 01223 348 866 Email: cuh.eastglh-haemonc-molecular@nhs.net  |