

Blood Collection Kit (BCK) Order Form

Please email completed form to Marsden360@rmh.nhs.uk

Save completed form for future BCK requests

Hospital name	
ODS code	
Address Line 1	
Address Line 2	
City	
County	
Postcode	
First Name Contact for the delivery at the site	
Last Name Contact for the delivery at the site	
Genomic Medicine Service Alliances (GMSA) region	
Number of BCK required One BCK per patient (minimum order 10 BCK)	
Date BCK required by Please allow 3 days for the BCK to arrive	

Completed by (PRINT)		Date	
Office use			
Approved by (PRINT)		Date	
Sent to portal by		Date	

