



Haematology Referral Form

Samples should be received by the laboratory within 48 hours of collection and should be refrigerated if there will be a transportation delay.

Patient Information

Surname:	First name
NHI:	Sex (please circle): M / . F
DOB:	Referring Doctor:
Date and Time collected:	URGENT / Routine (please circle)

Clinical information

Test Requested (please tick)

Cytogenetic Analysis (Heparinised sample required)

- Conventional G-banded analysis

FISH Analysis

NB. Myeloma and CLL FISH is performed on a purified cell population wherever possible

- t(4;14), TP53 t(14;16) 1p/q
- Full myeloma panel [t(4;14), t(14;16), t(11;14), TP53, 13q14, 1p/q]
- TP53 (del17p) ONLY
- CLL panel [del17p, del11q, del13q and chromosome 12]
- Other (please specify probe or chromosomal region)

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Molecular Testing (EDTA sample required)

- Microarray (Genome-wide analysis – SNP+CGH)
- JAK2 only
- MPL, CALR, MYD88, IDH1, IDH2 (dependent on JAK2 result – clinician directed)
- JAK2 extended panel (JAK2, MPL, CALR, MYD88, IDH1, IDH2)

Sample requirements

A minimum of 2mL bone marrow sample is required. FISH can also be performed on smear slides.
All samples MUST be labelled with 2 unique identifiers identical to the referral form.
Samples should be transported at ambient temperature.