

Special Haematology

White Cell Referral Form

(Request Card Label Here)

Synnovis Admin
Only

Hospital Number: _____

Surname: _____

First Name: _____

Gender: _____

Date of Birth: _____

NHS Number: _____

Referring Consultant: _____

Referring Hospital: _____

Address for Reporting: _____

Post Code: _____

Clinical Details/ Suspected Diagnosis:
(If diagnosis known, please specify)

On GCSF Y / N

Recent Chemotherapy Y / N

Organomegaly Y / N

If Yes, please specify: _____

(Affix Originating Hospital Patient Label Here)

NHS Private Research

Sample Collection:
*(REQUIRED - Requests without this filled in will **not** be processed)*

Date: _____

Time: _____

By: _____

Specimen Type:

Peripheral Blood

Bone Marrow

Cerebrospinal Fluid

Other

Specify: _____

Infection Risk (REQUIRED - Requests without this filled in will **not be processed)**

Y / N Tuberculosis

Y / N HIV / Hepatitis

Y / N Other

Specify: _____

Full Blood Count Results:
(Please provide a hard copy of any results if available)
(x 10⁹ / L)

WBC: _____

RBC: _____

Neuts: _____

Lymphs: _____

Monos: _____

Blasts: _____

Platelets: _____

DD/MM/YYYY INITIALS
SYNNOVIS ADMIN ONLY

Paraprotein Y / N

G / A / M / D / E
K / Λ

Quantitation (g/L):

Immune Monitoring & Platelet Assays:

Lymphocyte Subset Analysis
(Sample must be less than 48 hours old upon arrival at laboratory).
(Peripheral Blood) (Minimum 1ml EDTA required)

Immuno-Platelet Count
(Sample must be analysed within 4 hours of venepuncture) (Contact laboratory prior to bleeding patient. Avoid mechanical or vigorous mixing of sample). (Peripheral Blood) (Minimum 1ml EDTA required)

Platelet Glycoprotein Assay
(Sample must be analysed within 4 hours of venepuncture) (Contact laboratory prior to bleeding patient. Must be sent with travel control sample). (Peripheral Blood) (Minimum 1ml EDTA required)

Please send all **Immune Monitoring & Platelet Assay** samples addressed **urgently** via a courier to:

Special Haematology

*c/o Central Specimen Reception,
5th Floor, North Wing, **St. Thomas' Hospital**,
Westminster Bridge Road, London, SE1 7EH*

Flowcytometry Panels:

Acute Panel
(Immunophenotyping of Acute Leukaemias)
(Sample must be less than 48 hours old upon arrival at laboratory)
(Bone Marrow, Peripheral Blood, Miscellaneous Fluids) (Minimum 1ml EDTA required)

Chronic Panel
(Immunophenotyping of Lymphoproliferative Diseases)
(Sample must be less than 48 hours old upon arrival at laboratory)
(Bone Marrow, Peripheral Blood) (Minimum 1ml EDTA required)

***Fine Needle Aspirate (FNA) Panel**
(Immunophenotyping of Lymphoproliferative Diseases)
(Miscellaneous Fluids Only) (Universal Container required)

Myeloma Panel
(Immunophenotyping of Plasma Cell Disorders)
(Sample must be less than 72 hours old upon arrival at laboratory)
(Bone Marrow, Peripheral Blood) (Minimum 1ml EDTA required)

Sézary Cell Panel
(Immunophenotyping of Sézary Syndrome)
(Sample must be less than 72 hours old upon arrival at laboratory)
(Peripheral Blood) (Minimum 1ml EDTA required)

CD19/CD20 Rituximab Monitoring Panel
(Immunophenotyping of B-cells for patients on Rituximab)
(Sample must be less than 48 hours old upon arrival at laboratory)
(Peripheral Blood) (Minimum 1ml EDTA required)

FNA Requests Only:

*** (REQUIRED - FNA requests without this filled in will **not** be processed)**

Foetal Calf Serum added to sample:

| | |
|-----|----|
| YES | NO |
|-----|----|

Date: _____

Time: _____

By: _____

Please send all **Flowcytometry Panel** samples addressed **urgently** via a courier to:

Special Haematology

*c/o Central Specimen Reception,
Blood Science Laboratory,
4th Floor, Southwark Wing, **Guy's Hospital**,
Great Maze Pond, London, SE1 9RT*

Full Name: _____

Signature: _____

Telephone: _____

E-Mail Address: _____

For Any Queries or Advice: White Cell Telephone: 020 718 82709 **Alternative** Telephone: 020 718 83421 Website: www.synlab.co.uk/synnovis