

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):

Platelet Panels:

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 Flow Cytometry samples addressed urgently via a courier to:

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

White Cell 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 and Plasma Cell Dyscrasias) (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)

Sézary Cell Panel
(Immunophenotyping of Sézary Syndrome) (Sample must be less than 48 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: _____

Full Name: _____

Signature: _____

Telephone: _____

E-Mail Address: _____