

OXFORD BRC HAEMATO - MOLECULAR DIAGNOSTIC SERVICE

Clinical and BRC Research leads: Dr Anna Schuh, MD, PhD, MRCP, FRCPath; Dr Chris Hatton FRCP, FRCPath

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REQUEST FORM

PATIENT DETAILS (please fill in or attach addressograph)

Surname:		First Name:	
D.o.b:	Post code:	Hosp no:	NHS No:
Consultant/GP:		Hospital/GP Practice:	

REQUESTER DETAILS

Requesting Clinician:	Contact Telephone Numbers:
Address for report:	Address for invoice:

INVESTIGATION REQUIRED: (see user guide for list of investigations offered)

Please supply other relevant clinical information, including ethnicity, current treatment, etc:

TO AID INTERPRETATION OF RESULTS PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION (as appropriate for your requested investigation)

All requests	Please enter recent WBC, Hb, and platelet results	Hb'opathy Requests	Please enter Hb A ₂ , Hb F and MCH results
Lymphoma/ Leukaemia requests	Please enter recent Morphology, Immunophenotyping and Cytogenetics results	Thrombophilia requests	Please enter APC result
Haemophilia requests	Please enter relevant factor levels	Haemachromatosis requests	Please enter recent Ferritin, TIBC and MCV results

Type of sample sent

Date / Time taken

Consent has been obtained for the DNA/RNA of this sample to be stored and used in research/development projects that have been granted ethical approval (please delete as appropriate):

Yes / No **Signed**.....

Clinician:..... **Date**.....