**Molecular Testing Request Form**

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| **Patient Details**  | **From:** |
|  |  |
| **Date Taken:**  | **Doctor’s Name:** |
| **Time Taken:** |

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| **Test Required:** |
| **DKC Testing** |

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| **Requirements:** |
| **3mls EDTA peripheral blood** |

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| **Clinical Details:** |  |
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| **Sample Type:** | **Peripheral Blood** | **Bone Marrow** |
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| **To:** | **Return to:** |
| Dr Tom Vulliamy, Centre for Paediatrics, Blizard Institute of Cell & Molecular Science, Barts & The London School of Medicine & Dentistry, University of London, 4 Newark St, London E1 2AT. Tel: 020 7882 2623, email: t.vulliamy@qmul.ac.uk |  |