

# BCR-ABL PCR REQUEST FORM

## HAMMERSMITH

Molecular Pathology

Tel: 0208 383 2179 / 2167 / 2177

Fax: 0203 313 1507

TRIALS: If registered in a study - please use the trial form

### PATIENT INFORMATION

SURNAME.....

FORENAME.....

DATE OF BIRTH.....

HOSPITAL NUMBER.....

NHS NUMBER.....

### REFERRAL INFORMATION

CONSULTANT(PRINT).....

SIGNATURE.....

HOSPITAL.....

ADDRESS FOR REPORT.....

.....

TELEPHONE/EMAIL.....

FAX NUMBER.....

### SAMPLE TYPE:

Bone marrow (2-3ml)

DATE.....

Peripheral blood (10-20ml)  
In EDTA (purple top)

TIME.....

Sample must arrive in lab within 72 hrs  
Lab hours Mon-Fri 9-5pm

INFECTION RISK:  Yes  
 No

Taken by.....

### TEST REQUIRED:

Quantitative BCR-ABL MRD by Q-PCR

Kinase domain mutation analysis (extra charge)

Other.....

CLINICAL DETAILS: CML

ALL

Other.....

Treatment:  Imatinib

Dasatinib

Nilotinib

Other.....

Status:  Confirmed

Provisional

(If diagnosis has not been confirmed please provide details in the box below)

Dosage details.....

BM Transplant date.....

AUTO  ALLO  MUD

Breakpoint/transcript details (if known):.....

### ADDITIONAL CLINICAL INFORMATION:

SEND TO:

**Dr Letizia FORONI**  
**Imperial Molecular Pathology Laboratory**  
**G Block, 2<sup>nd</sup> Floor**  
**Hammersmith Hospital**  
**Du Cane Road**  
**London W12 OHS**  
**UK**

Next day delivery advised  
Package according to (PI650) UN3373

Tel: 0208 383 2179  
Fax: 0203 313 1507  
email: letizia.froni@imperial.nhs.uk