

PAEDIATRIC ALL MRD TEST REQUEST FORM

West of Scotland Genetic Services

Level 2, Laboratory Medicine, Queen Elizabeth University Hospital, Govan Road, Glasgow, G51 4TF
 www.nhs.org.uk/medicalgenetics Enquiries Phone: 0141-354-9110/9109
 Email: MRDService@ggc.scot.nhs.uk



THE FORM MUST BE COMPLETED FULLY IN BLACK INK. THE SPECIMEN CONTAINER AND FORM MUST BE LABELLED WITH TWO MATCHING PATIENT IDENTIFIERS, OTHERWISE THE SPECIMEN WILL BE REJECTED.

PATIENT DETAILS **REFERRING CONSULTANT (FOR REPORTING)**

AFFIX PRINTED LABEL OVER THIS SECTION IF AVAILABLE

CHI/NHS NUMBER	
PATIENT ID*	
SURNAME	
FORENAME (S)	
DATE OF BIRTH	
SEX	MALE / FEMALE / UNKNOWN
ADDRESS	
POSTCODE	

CONSULTANT	
TREATMENT CENTRE	
HOSPITAL	
CONTACT PHONE NUMBER	
CONTACT EMAIL ADDRESS	
COPY REPORT TO:	

** PATIENT ID REFERS TO THE PATIENT'S TRIAL OR OFF-TRIAL MRD NUMBER WHICH SHOULD BE PROVIDED WHERE AVAILABLE*

SPECIMEN DETAILS

SAMPLE TYPE	BM/PB/TREPINE (DIAGNOSTIC ONLY)/OTHER (PLEASE STATE)
DATE AND TIME OF COLLECTION	
SAMPLE TAKEN BY	

TESTS REQUESTED

ANALYSIS ON INTERIM TRIAL PROTOCOL	
TIMEPOINT	
<input type="checkbox"/>	DIAGNOSIS
<input type="checkbox"/>	DAY 29
<input type="checkbox"/>	WEEK 9
<input type="checkbox"/>	WEEK 14
<input type="checkbox"/>	OTHER (PLEASE PROVIDE DETAILS BELOW)
FOR DIAGNOSTIC SAMPLES THE FOLLOWING INFORMATION MUST BE PROVIDED	
CONFIRMED DIAGNOSIS OF ALL	YES/NO
BLAST CELL COUNT (FOR SAMPLE SENT)	%
IMMUNOPHENOTYPE	B CELL / T CELL
DETAILS OF CONSENT FOR MRD ANALYSIS AND CELL BANKING	
CONSENT OBTAINED FOR:	MRD ANALYSIS
	LLR CELL BANK
PRINT NAME	
POSITION	
SIGN AND DATE	

OFF-TRIAL ANALYSIS	
REASON FOR REFERRAL:	
<input type="checkbox"/>	RELAPSE
<input type="checkbox"/>	CAR-T CELL THERAPY
<input type="checkbox"/>	PRE-TRANPLANT
<input type="checkbox"/>	POST-TRANSPLANT
OTHER (PLEASE STATE BELOW)	
TIMEPOINT:	
STORE	
<input type="checkbox"/>	NO TESTING REQUIRED AT CURRENT TIME – FOR STORAGE PENDING FURTHER INVESTIGATIONS
<i>PLEASE NOTE IT IS THE RESPONSIBILITY OF THE REFERRING CLINICIAN TO CONTACT THE LABORATORY TO ACTIVATE TESTING IF REQUIRED</i>	

MRD LABORATORY CONTACT DETAILS

Laboratory Genetics
 Level 2, Laboratory Medicine Building,
 Queen Elizabeth University Hospital,
 Govan Road, Glasgow, G51 4TF

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 Email: MRDService@ggc.scot.nhs.uk