

All Wales Genomics Laboratory, Institute of Medical Genetics, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW

RECEPTION HOURS: 9am-5pm Monday-Friday Phone number: 02921 842641 Email: lab.genetics@wales.nhs.uk

REQUEST FOR CYTOGENETICS AND MYELOID NGS PANEL

PATIENT INFORMATION		REFERRAL INFORMATION	
SURNAME:	_____	CONSULTANT:	_____
FORMANE:	_____	HOSPITAL:	_____
DATE OF BIRTH:	_____		_____
HOSPITAL n ^o :	_____	CONTACT No.:	_____
NHS n ^o :	_____	Email:	_____
GENDER:	_____	Invoicing Details (<i>if different from referrer</i>)	
TYPE:	NHS. PRIVATE		_____

SAMPLE INFORMATION	TYPE	
SAMPLE DATE: _____	BLOOD	OTHER (<i>specify</i>): _____
TIME: _____	BONE MARROW	_____

INFECTION RISK	
NO	YES (<i>specify</i>) _____

DIAGNOSIS			
_____	Confirmed	Provisional	
CURRENT STATUS			
Diagnostic (pre-treatment)	Remission (for MRD study)	Active disease	Relapse
TRANSPLANT ELIGIBLE?		YES	NO
ADDITIONAL RELEVANT CLINICAL INFORMATION			
_____		_____	
_____		_____	
BLAST COUNT (%): _____		Date of next clinic appointment: _____	

TEST REQUEST	
CYTOGENETICS REQUEST	
in lithium heparin or transport medium please	Karyotype/G-banding
	FISH testing
MYELOID NGS REQUEST	
in EDTA please	