

Request for gene analysis using Next Generation Sequencing for patients with Myeloid Malignancies
All Wales Genetics Laboratory

This section to be completed by referring clinician			
Patient forename	Surname	Hospital	Consultant
Address		Date of birth	Requested by
		Sex	Copies to
Postcode			
Hospital number			
NHS number <i>(or affix addressograph)</i>		Date requested	
		Sample type	

DIAGNOSIS (please tick correct box)

- Acute myeloid leukaemia
- Myelodysplastic syndrome
- Myeloproliferative neoplasm without a mutation in JAK2, CALR or MPL:
- Chronic neutrophilic leukaemia
 - Chronic myeloproliferative disease unclassifiable
 - Polycythaemia vera
 - Essential thrombocythaemia
 - Chronic idiopathic myelofibrosis
 - Chronic Myelomonocytic leukaemia
 - Juvenile Chronic Myelomonocytic leukaemia

Other relevant clinical information e.g. blast count percentage

Please complete this form and send with the sample to:
**All Wales Genetics Laboratory, Institute of Medical Genetics, University Hospital of Wales,
 Heath Park, Cardiff CF14 4XW**
 Laboratory contact details for enquiries: Phone - 02921 842641 Email - lab.genetics@wales.nhs.uk