

# Haematology Diagnostic Service Request Form

Enquiries: Immunophenotyping 0121 424 0704; Molecular Haematology 0121 424 3704  
[www.heftpathology.com](http://www.heftpathology.com)

Please complete ALL Sections

**Patient details:**

PID number:	NHS Number:
Surname:	Forename:
Date of birth:	Male / Female:
Referring hospital/ward: (Report destination)	Consultant:
Customer reference:	Contact details:

**Specimen details (Sample(s) must be labeled with minimum of full name *and* PID no. or NHS no.):**

Specimen type:	Date/time sample:	Wbc	Hb	Plts	Neuts	Lymphs	Blasts
Clinical details:							
High risk sample? <b>yes / no</b>				Urgent? <b>yes / no</b>			

**Please tick the relevant investigations (refer to website for sample requirements):**

Immunophenotyping requests	Molecular haematology requests
Myelodysplasia/leukaemia screen	Factor V Leiden
Investigation for acute leukaemia	Prothrombin gene G20210A
Investigation for lymphoproliferation	MTHFR C677T
Investigation for myeloma/MGUS	Haemochromatosis (C282Y/H63D)
Minimal residual disease: CLL	IgH Gene rearrangement
Minimal residual disease: Acute leukaemia	TCR gene rearrangement
Minimal residual disease: Myeloma	<b>FISH</b>
PNH screen (peripheral blood only)	Please specify investigation required:
Stem cell quantitation (peripheral blood only)	
<b>Date of request:</b>	<b>Signed:</b>