

PATIENT LABEL


Cambridge University Hospitals
 NHS Foundation Trust

HAEMATOPATHOLOGY AND ONCOLOGY DIAGNOSTIC SERVICE REQUEST FORM

ADDRESS	BOX 234, ADDENBROOKE'S HOSPITAL, HILLS ROAD, CAMBRIDGE, CB2 0QQ
PHONE	(01223) 217132 OR EXTENSION 217132
EMAIL	add-tr.hods@nhs.net (OR SEARCH 'HODS' ON NHS.NET DIRECTORY)

ALWAYS NOTIFY URGENT REQUESTS AND COMPLETE THE REFERRAL INFORMATION

PATIENT DETAILS			REFERRAL INFORMATION	
SURNAME			CLINICIAN	
FORENAME(S)			HOSPITAL	
DATE OF BIRTH	M	F	WARD/CLINIC	
HOSPITAL NO.			PHONE/BLEEP	
NHS NO.			EMAIL (NHS.NET)*	
CATEGORY	NHS	PRIVATE	INVOICE DETAILS (IF DIFFERENT TO REFERRER)	
			PHONE/EMAIL*	

CLINICAL DETAILS				

RECENT FBC		DATE:		DANGER OF INFECTION?		Y	N
WBC	x10 ⁹ /L	HB	g/L	SUSPECTED / KNOWN TB?		Y	N
NEUTROPHILS	x10 ⁹ /L	MCV	fL	AFFIX DOI STICKER			
MONOCYTES	x10 ⁹ /L	PLATELETS	x10 ⁹ /L				
LYMPHOCYTES	x10 ⁹ /L	OTHER					

SAMPLES ENCLOSED:		TESTS REQUESTED:	
PERIPHERAL BLOOD		ACUTE LEUKAEMIA MOLECULAR MINIMAL RESIDUAL DISEASE [†]	
BONE MARROW ASPIRATE		MORPHOLOGY	
BONE MARROW TREPINE		FLOW CYTOMETRY	
CSF		FISH	
TISSUE BIOPSY, SPECIFY:		KARYOTYPING	
OTHER, SPECIFY:		MOLECULAR	
		OTHER, SPECIFY:	

SPECIMEN(S) COLLECTED BY:		CONTACT DETAILS:	
PRINT		ROLE	
SIGNED		PHONE/BLEEP	
DATE & TIME		EMAIL (NHS.NET)*	

SAMPLE RECEIPT (FOR INTERNAL USE):					
DATE & TIME			INITIALS:		
BLOOD	BM ASPIRATE	BM TREPINE	CSF	SLIDES	OTHER

SAMPLE DESCRIPTION, INCLUDING TISSUE DIMENSIONS (MM):

*Submitter's email address will be used for direct queries from the HODS laboratory staff to the referring clinician.

Reports will be routed to the referring hospital's Net Delivery Address registered with the laboratory.

[†]Acute leukaemia molecular MRD samples should preferably be received in the lab before 3 pm Mon to Thurs.

Please phone to inform lab of samples arriving after this time.