

HAEMATOLOGY GENETICS

PATIENT DETAILS

SURNAME	DATE OF BIRTH	SEX: M/F	Referring Consultant
FORENAME	NHS NUMBER		Hospital / Department
Postcode	Hospital number		
NHS England / Other NHS / Private (Address for invoicing if not NHS England):	Additional copies of the report to		

Test Selection: please refer to the National Genomics Test Directory clinical indication details (<https://www.england.nhs.uk/publication/national-genomic->

Clinical Details / Suspected Diagnosis	New case: Y / N
	Specimen type (circle as appropriate): BM Blood Other (please specify):
	Date of collection: Collected by:
	Bone marrow transplant: Y / N If yes, BMT date: donor: M / F Auto / Sib / VUD / Cord / Haplo
	History of (circle as appropriate): chemotherapy radiotherapy exposure to mutagens

Previous genetic investigation/s : Y / N If yes, relevant details:

Culture only Y / N

Myeloid disorders (MDS, MPN, MDS/MPN, AML, CML*) *CML chronic phase is not a clinical indication for myeloid NGS panel

G-banding FISH

Molecular tests specific to AML

FLT3-ITD FLT3-TKD NPM1 IDH1/IDH2 TP53 sequencing

Molecular tests specific to MPN, Myeloid/Lymphoid Neoplasms with Eosinophilia, Mastocytosis

MPN panel (JAK2 V617F/CALR/ MPL/JAK2 exon 12)#
KIT D816V Extended KIT panel (if D816V neg

KIT D816V KIP53 BRAF V600

Myeloma

Paraprotein Paraprotein

Diagnosis confirmed? If Yes please circle as appropriate: MGUS SMM MM PCL Plasmacytoma

CD138-positive selection only (storage) Myeloma FISH panel

SPECIMEN REQUIREMENTS: Haematological genetics (Includes Karyotyping, FISH, RT PCR and mutation testing)

Sample type

BM:

Leukaemias, MDS, MPD, MDS/MPN and AA: 0.5- 1ml in transport medium [but lithium heparin (LH) accepted].

Leukaemias also send KCH (3 drops of BM in KCH to be fixed at referring laboratory); if transport medium is not available, send sample in LH.

KIT, Myeloid NGS panel, MPN panel, *FIP1L1/PDGFR*A: 2-3ml in EDTA; however, material sent in transport