

**BHODS**Bristol Haemato-Oncology  
Diagnostic Service
  
 Severn Pathology
**Specialist Integrated Haematological Malignancy Diagnostic Service (SIHMDS)**

Pathology Sciences, North Bristol NHS Trust, Southmead Hospital, Westbury-on-Trym, Bristol BS10 5NB

Website: [Haematological Malignancy Diagnostics \(SIHMDS\) | North Bristol NHS Trust \(nbt.nhs.uk\)](http://Haematological Malignancy Diagnostics (SIHMDS) | North Bristol NHS Trust (nbt.nhs.uk))Flow lab: [Flowlab@nbt.nhs.uk](mailto:Flowlab@nbt.nhs.uk) Tel. 0117 414 8377

Cellular pathology consultants: CellularPathologyHaemPathTeam1@nbt.nhs.uk

**PATIENT DETAILS**

Surname:	Given Name:	Originating Hospital	Consultant
NHS Number:	Hospital Number:	Postcode	<input type="checkbox"/> NHS <input type="checkbox"/> Private <input type="checkbox"/> Research
Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	Previous investigation at BHODS? Yes <input type="checkbox"/> / No <input type="checkbox"/>	Known danger of infection sample? Yes <input type="checkbox"/> / No <input type="checkbox"/>

**SPECIMEN DETAILS**

<b>Specimen type(s):</b> <i>tick all that apply</i> <input type="checkbox"/> Marrow aspirate <input type="checkbox"/> Marrow trephine <input type="checkbox"/> Blood <input type="checkbox"/> Lymph Node <input type="checkbox"/> Skin (germline) <input type="checkbox"/> Saliva <input type="checkbox"/> Other fluid / tissue <i>Please specify .....</i>	<b>Specimen Details:</b> Biopsy site: Specimen date: Specimen time:	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Relapse <input type="checkbox"/> Follow-up / MRD
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**CLINICAL DETAILS / SUSPECTED DIAGNOSIS:**

Details of relevant current/previous treatment:	
Hb:	Lymphocytes:
WBC:	Platelets:
Neutrophils:	Other:

**INVESTIGATIONS REQUIRED:***See overleaf for specimen requirements*

<input type="checkbox"/> Aspirate morphology - Further details:
<input type="checkbox"/> Flow cytometry - Further details:
<input type="checkbox"/> Cytology / Cellular Pathology - Further details:

 Genetic Testing

Please ensure BOTH SIDES of this request are completed and returned with genetics samples. Genetic testing will be undertaken according to the [National Genomic Test Directory](#) and, unless otherwise indicated, agreed diagnostic algorithms.

**REQUESTOR DETAILS:**

Specimen sent by:	Contact details:
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In submitting this sample the clinician confirms that consent has been obtained to test for the suspected disorder and for cellular/DNA/RNA storage. May this sample be used for research? Yes  / No

**GENOMIC TESTING:** Further information on genomic testing is available from the [South West Genomic Laboratory Hub](#) and the [National Genomic Test Directory for Cancer](#).

Indication	Test	Sample	Indication	Test	Sample
ALL[M91]	<input type="checkbox"/> Diagnosis/Relapse	A & B	MDS [M82]	<input type="checkbox"/> Karyotype [M82.2]	A
	<input type="checkbox"/> <i>TPMT/NUDT15</i>	B		<input type="checkbox"/> SNP Array [M82.2]	B
	<input type="checkbox"/> MRD Monitoring [M91.23]	B		<input type="checkbox"/> MDS gene panel [M82.1]	B
	<input type="checkbox"/> Other Monitoring:	B	MDS/MPN [M224]	<input type="checkbox"/> Karyotype [M224.2]	A
AML[M80]	<input type="checkbox"/> Diagnosis/Relapse	A & B		<input type="checkbox"/> <i>PDGFR</i> FISH [M224.6]	A
				<input type="checkbox"/> RNA Fusion Panel [M224.6]	A
				<input type="checkbox"/> MDS/MPN gene panel [M224.1]	B
				<input type="checkbox"/> <i>BCR-ABL1</i> [M224.10]	
			<input type="checkbox"/> JMML gene panel [M88.1]	B	
MPN [M85]	<input type="checkbox"/> APL (PML/RARA) [M80.29]	A & B	<input type="checkbox"/> <i>JAK2</i> (V617F) [M85.14]	B	
			<input type="checkbox"/> <i>JAK2</i> (ex12), <i>CALR</i> , <i>MPL</i> [M85.1]	B	
			<input type="checkbox"/> <i>BCR-ABL1</i> [M85.11]	B	
			<input type="checkbox"/> MPN gene panel [M85.2]	B	
			<input type="checkbox"/> Karyotype [M85.3]	A	
CLL [M94]	<input type="checkbox"/> IgVH [M94.5]	B	<input type="checkbox"/> RNA Fusion Panel [M85.7]	A	
			<input type="checkbox"/> <i>PDGFR</i> FISH [M85.7]	A	
CML [M84]	<input type="checkbox"/> <i>TP53</i> (17p) deletion [M94.4] and mutation [M94.1]	A & B	Myeloma [M92]	<input type="checkbox"/> FISH panel	A
				<input type="checkbox"/> <i>BCR-ABL1</i> diagnosis [M84.1]	B
				<input type="checkbox"/> <i>BCR-ABL1</i> monitoring [M84.2]	B
				<input type="checkbox"/> <i>BCR-ABL1</i> TKD NGS [M84.8]	B
SM [M86]	<input type="checkbox"/> Karyotype [M84.4]	A	Storage	<input type="checkbox"/> Cell suspension	A
	<input type="checkbox"/> <i>SM</i> panel [M224.1]	B		<input type="checkbox"/> Plasma cell enriched	A
CNL [M87]	<input type="checkbox"/> <i>CSF3R</i> [M87.1]	B	TAM [M81]	<input type="checkbox"/> DNA	B
HCL	<input type="checkbox"/> <i>BRAF</i> [M108.1]	B		<input type="checkbox"/> RNA	B
LGL[M114]	<input type="checkbox"/> LGL panel ( <i>STAT3/STAT5B</i> ) [M114.1]	B	<b>Whole Genome Sequencing (WGS)*:</b>		
			LPL [M104]	<input type="checkbox"/> LPL panel ( <i>MYD88/CXCR4</i> ) [M104.1]	B
<input type="checkbox"/> WGS for TYA ( $\leq 25$ years old)					
			<input type="checkbox"/> WGS for proven or suspected haematological tumour exhausted all standard of care testing/treatment		

Test	Sample Requirements
Morphology	Blood / Marrow aspirate samples; PB slides x2 + BM slides x3, PB 5ml in EDTA +/-or BM Asp 2ml in EDTA
Flow cytometry	Blood or bone marrow in EDTA
Genetics	A) 5ml blood in Lithium Heparin/1-2ml BMA 1-2ml in heparinised tissue culture medium/ 1-2ml BMA in EDTA
	B) 10-20ml blood/1-2ml BMA in EDTAx2
	Samples for molecular monitoring and WGS to reach the lab within 72 hours
	C) Skin biopsy for germline analysis, fresh (NOT fixed) sample in sterile saline to reach the lab within 72 hours.
	Molecular and FISH testing is possible on formalin fixed, paraffin embedded tissue sections. Please contact the laboratory for further details if required.
Tissue/Other samples	*WGS Tumour sample: FRESH (not fixed) sample with >30% tumour, <20% necrosis Germline sample: skin (C) or remission (<0.1% MRD) blood/marrow (B) <a href="#">Record of Discussion</a> and <a href="#">Test Order</a> form . Contact <a href="mailto:rde-tr.swgenomicpractitioner@nhs.net">rde-tr.swgenomicpractitioner@nhs.net</a> for further information.
	Lymph node FNA for cytology: smear slides, needle washings in CytoLyt Fresh tissue for flow cytometry and genetics: Saline or cell culture medium (without coagulation or preservative). Please alert laboratory <a href="mailto:flowlab@nbt.nhs.uk">flowlab@nbt.nhs.uk</a> tel: 0117 414 8377 <b>NB Samples placed in Formalin or CytoLyt (an alcohol preservative) cannot be used for flow cytometry</b> CSF/Ascites/Pleural Fluid/Breast Seroma fluid/Other for cytology/flow cytometry/genetics in sterile container or in cell culture medium. Please send immediately to lab to avoid sample deterioration.