

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 Tel. 0117 414 8377

Cellular pathology consultants: CellularPathologyHaemPathTeam1@nbt.nhs.uk

PATIENT DETAILS

Surname:	Given Name:	Originating Hospital	Consultant
NHS Number:	Hospital Number:	Postcode	NHS: <input type="checkbox"/> Private: <input type="checkbox"/> Research: <input type="checkbox"/>
DOB: Male <input type="checkbox"/> / Female <input type="checkbox"/>	Priority: Urgent <input type="checkbox"/> Routine <input type="checkbox"/>	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

Specimen type(s):	Marrow aspirate <input type="checkbox"/> Skin (Germline) <input type="checkbox"/>	Marrow trephine <input type="checkbox"/> Saliva <input type="checkbox"/>	Blood <input type="checkbox"/> Other fluid/tissue (specify) <input type="checkbox"/>	Lymph node <input type="checkbox"/>
Biopsy site:	Trial Samples : Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Specimen date & time	TRIAL: _____ TRIAL ID: _____			

CLINICAL DETAILS / SUSPECTED DIAGNOSIS:	Diagnostic <input type="checkbox"/>	Relapse <input type="checkbox"/>	Follow-up / MRD <input type="checkbox"/>
Details of relevant current/previous treatment:			
Hb:	WBC:	Neuts:	Lymphs: Plts: Other relevant:

INVESTIGATIONS REQUIRED:

Aspirate morphology <input type="checkbox"/>	Flow cytometry <input type="checkbox"/>	Cytology / Cellular Pathology <input type="checkbox"/>
<input type="checkbox"/> Genetic Testing: Genetic testing will be undertaken according to the National Genomic Test Directory and, unless otherwise indicated, agreed diagnostic algorithms. See overleaf for additional detail.		

REQUESTOR DETAILS

Specimen sent by:	Contact details:
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 <input type="checkbox"/> / No <input type="checkbox"/>	

FOR LABORATORY USE

Date Received:	Initials:	Samples:	Genetics LN:
Time Received:			

SAMPLE REQUIREMENTS (see overleaf for Genetic sample requirements)

Morphology	Blood / Marrow aspirate samples; PB slides x2 + BM slides x3, PB 5ml in EDTA +/- BM Asp 2ml in EDTA
Flow cytometry	Blood or bone marrow in EDTA
Tissue	BM Trepine/Lymph Node or extranodal tissue for histology in Formalin
Tissue Other samples	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 flowlab@nbt.nhs.uk tel: 0117 414 8377 NB Samples placed in Formalin or Cytolyt (an alcohol preservative) cannot be used for flow cytometry
	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.

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"/> APL (PML/RARA) [M80.29]	A & B		<input type="checkbox"/> <i>BCR-ABL1</i> [M224.10]	A
	<input type="checkbox"/> MLDS panel (<i>GATA1</i>) [M80.19]	A & B		<input type="checkbox"/> MDS/MPN gene panel [M224.1]	B
	<input type="checkbox"/> <i>NPM1</i> Monitoring [M80.9]	B	<input type="checkbox"/> JMML gene panel [M88.1]	B	
CLL [M94]	<input type="checkbox"/> Monitoring (Specify target):	B	MPN [M85]	<input type="checkbox"/> <i>JAK2</i> (V617F) [M85.14]	B
	<input type="checkbox"/> IgVH [M94.5]	B		<input type="checkbox"/> <i>JAK2</i> (ex12), <i>CALR</i> , <i>MPL</i> [M85.1]	B
CML [M84]	<input type="checkbox"/> <i>TP53</i> (17p) deletion [M94.4] and mutation [M94.1]	A & B		<input type="checkbox"/> <i>BCR-ABL1</i> [M85.11]	B
	<input type="checkbox"/> <i>BCR-ABL1</i> diagnosis [M84.1]	B		<input type="checkbox"/> MPN gene panel [M85.2]	B
CNL [M87]	<input type="checkbox"/> <i>BCR-ABL1</i> monitoring [M84.2]	B		<input type="checkbox"/> Karyotype [M85.3]	A
	<input type="checkbox"/> <i>BCR-ABL1</i> TKD NGS [M84.8]	B		<input type="checkbox"/> <i>PDGFR</i> FISH [M85.7]	A
	<input type="checkbox"/> Karyotype [M84.4]	A		<input type="checkbox"/> Eosinophilia panel [M85.35]	B
	<input type="checkbox"/> <i>CSF3R</i> [M87.1]	B	Myeloma [M92]	<input type="checkbox"/> FISH panel	A
HCL	<input type="checkbox"/> <i>BRAF</i> [M108.1]	B		SM [M86]	<input type="checkbox"/> <i>KIT</i> (D816V) [M86.2]
Histiocytosis	<input type="checkbox"/> DNA panel [M117.1]	B/C	<input type="checkbox"/> SM panel [M224.1]		
	<input type="checkbox"/> Fusion panel [M117.2]	B/C	Storage	<input type="checkbox"/> Cell suspension	A
LGL [M114]	<input type="checkbox"/> LGL panel (<i>STAT3/STAT5B</i>) [M114.1]	B		<input type="checkbox"/> Plasma cell enriched	A
LPL [M104]	<input type="checkbox"/> LPL panel (<i>MYD88/CXCR4</i>) [M104.1]	B		<input type="checkbox"/> DNA	B
Lymphoma	<input type="checkbox"/> FISH (1)	B/D	<input type="checkbox"/> RNA	B	
	<input type="checkbox"/> FISH (2)	B/D	TAM [M81]	<input type="checkbox"/> <i>GATA1</i> [M81.1]	B
	<input type="checkbox"/> B-NHL Clonality [M225.1]	B/C	Whole Genome Sequencing (WGS)*:		
	<input type="checkbox"/> T-NHL Clonality [M225.3]	B/C	<input type="checkbox"/> Acute Leukaemia	B & E	
	<input type="checkbox"/> Gene Panel (specify)	B/C	<input type="checkbox"/> WGS for TYA (≤25 years old)		
			<input type="checkbox"/> WGS for proven or suspected haematological tumour exhausted all standard of care testing/treatment		
			Other information/Testing requirements: Specify:		

Sample Code	Genetics Requirements
A	5ml blood in Lithium Heparin/1-2ml BMA 1-2ml in heparinised tissue culture medium
B	10-20ml blood/1-2ml BMA in EDTA Samples for molecular monitoring and WGS to reach the lab within 72 hours
C	Tumour content >20%: 5 x 10µm curls in a sterile Eppendorf Tumour content <20%: 10 x 5µm slides with tumour rich areas marked on accompanying H&E
D	2x4µm slides per test (on 'APES' or 'sticky' slides) with tumour rich areas marked on accompanying H&E.
E	Skin biopsy for germline analysis, fresh (NOT fixed) sample in sterile saline to reach the lab within 72 hours.
*WGS	Tumour sample: FRESH (not fixed) sample with >30% tumour, <20% necrosis Germline sample: skin (E) or remission (<0.1% MRD) blood/marrow (B) Record of Discussion and Test Order form . Contact rde-tr.swgenomicpractitioner@nhs.net for further information.