

Haematological Malignancy Diagnostic Service

Molecular monitoring of CML - Request for RQ-PCR BCR-ABL estimation

Important information: This request form should only be used for follow-up in typical CML patients with a confirmed b2a2 or b3a2 BCR-ABL breakpoint. Other breakpoints cannot be monitored by this technique. If in doubt, contact HMDS.

New cases of suspected CML should use the standard HMDS request form.

Please complete ALL sections:

Name:	Hosp No:	Age/DOB:
USE ADDRESSOGRAPH LABEL IF AVAILABLE		
Hospital:	Ward/Department	Gender: M / F
USE ADDRESSOGRAPH LABEL IF AVAILABLE		
Consultant:	NHS No:	

Who should this report be sent to:

Patient previously investigated by HMDS: Yes / No	Sample taken on: Date: Time:
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Current therapy and dose:	Diagnostic Information*
Date started therapy:	Date of diagnosis:
Date started current dose:	FBC at presentation:
Approximate interval from commencement of treatment:	Spleen size:
	SOKAL/HASFORD score:
	BM cytogenetics:

*at first request only

Other relevant clinical information:

Specimen sent by:	Contact details:
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Is this an urgent specimen: Yes or No	When is the report required?
Is this a danger of infection sample: Yes or No	
URGENT SPECIMENS: 8.30-5.00PM Weekdays: Tel 0113 206 7851	
Out of hours and weekends: Telephone SJUH switchboard 0113 243 3144 and ask for HMDS on-call	