

Haematological Malignancy Diagnostic Service

Level 3, Bexley Wing, St. James's University Hospital, Beckett St, Leeds LS9 7TF
Tel: 0113 2067851 Fax: 0113 2067883

Use Addressograph if available (ON REQUEST FORM ONLY)

Myeloma X Relapse (Intensive) Trial (v1.1)

Trial number:	
This must be supplied for data to be used for trial purposes	
Surname:	Forename(s):
NHS number:	Patient number:
Date of birth:	Male / Female:
Referring hospital:	Consultant:
Is this a Danger of Infection (DOI) Sample?	Yes/No

At least 3 points of identification are required

Please label forms and sample(s) adequately

Please attach DOI stickers for High-Risk samples

<p>Sample types enclosed:</p> <input type="checkbox"/> Bone Marrow Aspirate (EDTA) <input type="checkbox"/> Peripheral Blood (EDTA) <input type="checkbox"/> Bone Marrow Aspirate smears <input type="checkbox"/> Peripheral Blood (clotted) <input type="checkbox"/> Trepine Biopsy <input type="checkbox"/> Urine	<p>Please note if patient has not consented to translational studies blood and urine samples are not required</p>
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Who should this report be returned to?

Please supply clinician and MDT co-ordinator's nhs.net address if report e-mailing is required
Copy of report also to S. Hartley, CTRU, University of Leeds, Suite B, 71-75 Clarendon Road, Leeds, LS2 9PH

Clinical details:

Registration Post 2cycles PAD 30 days post end of C-weekly Disease progression
 End of PAD 100 days post ASCT 1yr post-randomisation

Other clinical details:

Date and time of sample:	Specimen sent by:	Contact details:
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For Laboratory Use Only		
Date & Time:	Initials:	HMDS Error Code
Contents:		

Gross Description: