

## 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)**

Surname:	
Forename(s):	
NHS number:	Patient number:
Date of birth:	Male / Female
Source 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**

Sample type enclosed:	
<input type="checkbox"/> Peripheral Blood (EDTA) 2-5ml	<input type="checkbox"/> Other.....
Who should this report be returned to?	
Type of Request:	
<input type="checkbox"/> New PNH Patient	<input type="checkbox"/> PNH follow-up (Not on eculizimab)
<input type="checkbox"/> Eculizimab follow-up	<input type="checkbox"/> PNH screening (no previous PNH test).
<input type="checkbox"/> Pre Eculizumab	
Clinical Information:	
<input type="checkbox"/> Haemolytic	<input type="checkbox"/> Aplastic anaemia <input type="checkbox"/> Thrombosis
Transfusion within 6 months? Yes/No. If yes, date of last TF and number of units.....	
Other Relevant Information:	
Specimen sent by:	Date & time of sample:
Contact details:	

For Laboratory Use Only		
Date & Time:	Initials:	HMDS Error Code
Contents:		
Gross Description:		