Leeds Cancer Centre

The Leeds Teaching Hospitals NHS
NHS Trust

HAEMATOLOGICAL MALIGNANCY DIAGNOSTIC SERVICE

Request for Chimerism Analysis Studies
(Sample to be provided urgently please to the address shown below)

Level 3 Bexley Wing, St. James's University Hospital, Beckett St. Leeds LS9 7TF
Tel: 0113 2067851 Email: hmds.lth@nhs.net

Please complete ALL sections:

Surname:	**Forename:**
NHS number:	**Patient number:**
Date of birth:	**Male / Female**
Referring hospital:	**Consultant:**

At least 3 points of Identification are required

Please label forms and sample(s) adequately

SAMPLE REQUIREMENTS
3 x 6ml EDTA
OR
2 x 10ml EDTA

Treatment

Non-Myeloablative Procedure ☐
(CD3 lineage restriction will be performed)

Select if CD15 lineage restriction is required ☐

Donor lymphocyte infusion (DLI) ☐

Conventional Allogenic Procedure ☐

Sample Timing (please tick appropriate box)

	Patient	Donor
Baseline	☐	☐
1 month post transplant	☐	N/A
3 months post transplant	☐	N/A
6 months post transplant	☐	N/A
12 months post transplant	☐	N/A
Other timepoint (please specify)	☐	N/A

For baseline samples, please provide Donor/ Recipient name

Date of transplant

Time Post DLI

Specimen taken by (FULL NAME REQUIRED IN ALL CASES):	**Contact details:**
Date/Time of sample:	**Danger of Infection? Yes / No**