Leeds Cancer Centre

The Leeds Teaching Hospitals NHS
NHS Trust

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:

Is this a Danger of Infection (DOI) sample? Yes / No If yes, please specify DOI risk within clinical information and affix DOI labels to request form and all samples	Sample taken on: **Date:** **Time:**

Patient previously investigated by HMDS:	**Diagnostic Information***
Current therapy and dose:	Date of diagnosis:
Date started therapy:	FBC at presentation:
Date started current dose:	Spleen size:
Approximate interval from commencement of treatment:	SOKAL/HASFORD score:
	BM cytogenetics:

*at first request only

Other relevant clinical information:

Specimen sent by: Contact details:

Is this an urgent specimen: Yes or No When is the report required?

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

HMDS, Level 3, Bexley Wing, St James's University Hospital, Beckett Street, Leeds, LS9 7TF. Tel 0113 206 7851