



# ONCOLOGY GENETICS - HAEMATOLOGICAL DISORDERS

<https://www.leedsth.nhs.uk/a-z-of-services/the-leeds-genetics-laboratory/oncology-genetics/haematological-disorders/>

**Yorkshire and North East Genomic Laboratory Hub (Y&NE GLH), Central Lab**  
Genomic Specimen Reception (Histopathology Department)  
Bexley Wing (Level 5)  
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Beckett Street  
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LS9 7TF

**Tel: 0113 2064570**  
**Email: mod.lth@nhs.net**

<b>Date Received:</b>	Place lab number sticker here	
<b>Date of Sample:</b>		
<b>Sample type/ tube/volume:</b>	<b>NEW</b> <input type="checkbox"/>	
	<b>Previous Sample</b> <input type="checkbox"/>	
<b>Package opened by:</b>	<b>Ped number:</b>	
<b>Identifiers checked by:</b>		

**Please complete ALL sections. At least 3 points of identification are required. Please label forms and sample (s) adequately. Failure to do so will result in a delay of sample results.**

<b>Patient Details/Patient ID Label</b>
<b>Surname:</b> <b>Forename(s):</b> <b>D.O.B.:</b> <b>NHS No:</b> <b>Sex:</b> <b>Patient's Address:</b>

<b>Referrer Details</b>
<b>Consultant:</b> <b>Hospital:</b> <b>Phone:</b> <b>Fax:</b> <b>Email:</b> <b>Copies of results to:</b>

<b>Sample Details</b>			
Is this a Danger of Infection (DoI) sample?		Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes please state:	
Is there any microbiological/radiological evidence of TB?		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Sample type:		Peripheral blood <input type="checkbox"/> / Bone marrow aspirate <input type="checkbox"/>	
Previously investigated by Genetics:		New referral <input type="checkbox"/> / Follow up <input type="checkbox"/>	
<b>Suspected Diagnosis:</b>			
<b>Clinical Details:</b>			
<b>Date of sample:</b>		<b>Sample taken by:</b>	