

ONCOLOGY GENETICS - HAEMATOLOGICAL DISORDERS

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

North East and Yorkshire Genomic Laboratory Hub (NEY GLH), Central Lab
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Date Received:	Place lab number sticker here		
Date of Sample:			
Sample type/ tube/volume:		NEW <input type="checkbox"/>	
		Previous Sample <input type="checkbox"/>	
Package opened by:	Ped number:		
Identifiers checked by:			

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.

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

Referrer Details
Consultant: Hospital: Phone: Fax: Email: Copies of results to:

Sample Details			
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"/>		
Suspected Diagnosis:			
Clinical Details:			
Date of sample:		Sample taken by:	