

## Acute Lymphoblastic Leukaemia Measurable Residual Disease (MRD) Request Form

### Patient Details

### Referral Details

Surname:		Referring Hospital:
Forename:		Consultant:
Date of Birth:	Gender: <input type="checkbox"/> M / <input type="checkbox"/> F	Name / Contact details for enquiry:
Hospital No:		Email address for report:
NHS Number:		SIHMDS email address for report:
		Patient type: <input type="checkbox"/> NHS <input type="checkbox"/> Private <input type="checkbox"/> Trial
		Trial number:

### Specimen Details – Diagnostic samples only

Specimen Type (MANDATORY FIELD): <input type="checkbox"/> BM aspirate <input type="checkbox"/> Blood <input type="checkbox"/> Trephine	High Risk Specimen: Y <input type="checkbox"/> / N <input type="checkbox"/>
Test Required (MANDATORY FIELD): <input type="checkbox"/> IG/TCR <input type="checkbox"/> BCR::ABL1	Sample Date: Time taken:
Blast percentage :	Time point (MANDATORY FIELD): <input type="checkbox"/> Diagnosis <input type="checkbox"/> Relapse
White cell count: (for PB samples only)	Lineage (MANDATORY FIELD): <input type="checkbox"/> B cell <input type="checkbox"/> T cell <input type="checkbox"/> Mixed phenotype
	Comments:

### Specimen Details – Follow up samples only

Specimen Type (MANDATORY FIELD): <input type="checkbox"/> BM aspirate	High Risk Specimen: Y <input type="checkbox"/> / N <input type="checkbox"/>
Test Required (MANDATORY FIELD): <input type="checkbox"/> IG/TCR <input type="checkbox"/> BCR::ABL1	Sample Date: Time taken:
	Time point (MANDATORY FIELD): <input type="checkbox"/> Post phase 1 <input type="checkbox"/> Post phase 2 <input type="checkbox"/> Other time point (please specify)
Comments:	

### Sample Requirements

BM aspirate:	Minimum 3ml ACDA or EDTA
Blood (for use in diagnostic/relapse screening ONLY):	2 x 6ml EDTA
Trephine (for use in diagnostic/relapse ONLY if no aspirate available):	Fresh in saline
<p><b>All specimens to be sent to:</b>  <b>SIHMDS Specimen Reception, 3rd Floor Pathology and Pharmacy Building,</b>  <b>80 Newark St, London, E1 2ES</b>  <b>Phone: 0203 2460142</b>  <b>Enquiries: <a href="mailto:Bartshealth.allmrd@nhs.net">Bartshealth.allmrd@nhs.net</a></b></p>	

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