

SAMPLE REQUEST FORM

PLEASE SEND ONE SAMPLE REQUEST FORM PER SAMPLE
EACH SAMPLE MUST BE SENT TO CORRESPONDING LABORATORY BELOW

Patient Details		Details of consent	
Initials		Consent obtained for: <i>(please tick one)</i>	MRD Analysis <input type="checkbox"/>
Date of Birth			Constitutional DNA extraction <input type="checkbox"/>
Trial Number	14-		Cell banking <input type="checkbox"/>
Treatment Centre			
Philadelphia status	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	Immunophenotype	B- ALL <input type="checkbox"/> T- ALL <input type="checkbox"/>
Details of person completing request form			
Print name			
Role			
Signature		Date	
MRD SAMPLES			
Address	Adult ALL MRD laboratory, URGENT UKALL14 STUDY SAMPLE (FAO Adele Fielding, Rachel Mitchell or Krisztina Alapi), UCL Cancer Institute, Paul O’Gorman Building, 72 Huntley Street, London UK, WC1E 6DD		
Phone	0207 679 0719	Fax:	0207 679 6817
Email	allmrdbl@ucl.ac.uk	a.fielding@ucl.ac.uk	r.mitchell@ucl.ac.uk k.alapi@ucl.ac.uk
Sample Dates	Date Taken:	Date Sent:	
Sample Type	Bone Marrow in EDTA for MRD Analysis <input type="checkbox"/>	Peripheral Blood in EDTA for MRD Analysis <input type="checkbox"/> <i>(only acceptable at diagnosis or at relapse if WCC >30x10⁹/l)</i>	Buccal swab for constitutional DNA <input type="checkbox"/>
			Other <i>(specify below)</i> <input type="checkbox"/>
		Serum for Asparaginase Activity <input type="checkbox"/> Please select time point: Phase 1 Induction D3/4 (≤40 yrs) <input type="checkbox"/> Phase 1 Induction D18 (≤40 yrs) <input type="checkbox"/> Phase 1 Induction D18 (≥41 yrs) <input type="checkbox"/> Phase 1 Induction D32 (≥41 yrs) <input type="checkbox"/> Intensification D2 <input type="checkbox"/> Intensification D16 <input type="checkbox"/>	
Consultant’s name			Consultant’s email address
Telephone number			FBC on day of bone marrow assessment
Time point of MRD sample <i>(please tick one)</i>	Diagnosis <input type="checkbox"/>	End of Phase 2 Induction* <input type="checkbox"/>	Relapse <input type="checkbox"/>
	End of Phase 1 Induction* <input type="checkbox"/>	Post Allograft <i>(Specify number of months post allograft)</i> <input type="checkbox"/>	Other: Please specify <i>(with relation to treatment protocol)</i> <input type="checkbox"/>
CHIMERISM SAMPLES			
Address	Chimerism Laboratory, URGENT UKALL14 STUDY SAMPLE (FAO Stephanie Verfuerrth/Tosin Taiwo), Department of Immunology, 2nd Floor West Wing, Royal Free Hospital, Pond St, London UK, NW3 2QG		
Phone	020 7794 0500 x35453 (lab)	020 7794 0500 x34932 (office)	
Email	stephanie.verfuerrth@nhs.net	oluwatosin.taiwo@nhs.net	rita.rego@nhs.net
Sample Dates	Date Taken:	Date Sent:	
Sample Type	Mini Satellite Regions (pre-transplant) <input type="checkbox"/>	Chimerism Sample (post allograft – patient only) <input type="checkbox"/>	
	Please indicate: Donor <input type="checkbox"/> Recipient <input type="checkbox"/>	Timepoint (months post allograft): <input type="checkbox"/>	
For laboratory use only			
Sample received safely	Yes/No	Volume of sample (ml)	
Date samples received		Cell count (x10 ⁶)	
Time sample received		Sample adequate	
Checked by		Cell number	
Processed by		DNA Yield	
Date		Repeat Requested	Yes/No

*Please note evaluations should be performed at haemopoietic recovery i.e. neutrophils >0.75 x 10⁹/l, platelets >75 x 10⁹/l