

## SAMPLE REQUEST FORM

**\*PLEASE SEND ONE SAMPLE REQUEST FORM PER SAMPLE\***

Patient Details		Details of consent	
Initials		<b>Consent obtained for:</b> <i>(please tick one)</i>	MRD Analysis <input type="checkbox"/>
Date of Birth			Constitutional DNA extraction <input type="checkbox"/>
Trial Number	<b>14 -</b>		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	<b>Adult ALL MRD laboratory, URGENT UKALL14 STUDY SAMPLE (FAO Adele Fielding or Krisztina Alapi), UCL Cancer Institute, Paul O’Gorman Building, 72 Huntley Street, London UK, WC1E 6DD</b>		
Phone	0207 679 0719	Fax:	0207 679 6817
Email	allmrldlab@ucl.ac.uk	a.fielding@ucl.ac.uk	k.alapi@ucl.ac.uk
Sample Dates	<b>Date Taken:</b>	<b>Date Sent:</b>	
<b>Sample Type</b>	Bone Marrow in EDTA for MRD Analysis <input type="checkbox"/>	Peripheral Blood in EDTA for MRD Analysis <i>(only acceptable at diagnosis or at relapse if WCC &gt;30x10<sup>9</sup>/l)</i> <input type="checkbox"/>	Buccal swab for constitutional DNA <input type="checkbox"/>
			Other <i>(specify below)</i> <input type="checkbox"/> .....
<b>Serum for Asparaginase Activity</b> <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
<b>Time point of MRD sample</b> <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"/> .....
For laboratory use only			
Sample received safely	Yes/No	Volume of sample (ml)	
Date sample received		Cell count (x10 <sup>6</sup> )	
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 10<sup>9</sup>/l, platelets >75 x 10<sup>9</sup>/l