

UHS LAB USE

Specimen(s) received (central): BMT / Slides / BMA EDTA / PB EDTA / Cyto / other  
 Specimen(s) distribution: Histo MGG Flow Flow WGLS Sal.  
 Iron WGLS Sot. WGLS Sot. WGLS Sal.  
 Date: \_\_\_\_\_  
 Specimen(s) received (local): \_\_\_\_\_ Barcode

# HaemOnc. Test Request Form

Referrer Information		Patient Information	
Referring consultant		Surname	
Hospital		First Name	
Department		Date of Birth	Gender
Departmental Email (secure)		Hospital number	
Telephone number / bleep		NHS number	
<input type="checkbox"/> NHS <input type="checkbox"/> Private		Address	Postcode:

Diagnosis / clinical details	
Additional information	Infection Risk? Yes <input type="checkbox"/> No <input type="checkbox"/>
Priority	Urgent <input type="checkbox"/> Cancer pathway <input type="checkbox"/> Routine <input type="checkbox"/> <span style="float: right;"><b>Please notify the laboratory if clinically urgent</b></span>

Sample details (see reverse for instructions)		Operator:	Tel./Bleep
Lab reference number (referrals to UHS)		Collection date/time	Histo. macro. <b>UHS LAB USE</b>
Specimen type <small>Refer to sample requirements overleaf. Please indicate if multiples of the same sample are collected eg. BM ✓x2</small>	PB <input type="checkbox"/> BMA <input type="checkbox"/> BMT <input type="checkbox"/> (EDTA) <input type="checkbox"/> Trial (sent direct):.....	Cytogenetics <input type="checkbox"/> CSF <input type="checkbox"/> FFPE <input type="checkbox"/> Fresh tissue <input type="checkbox"/> Biopsy <input type="checkbox"/> Resection <input type="checkbox"/> Biopsy Site:.....	Other <input type="checkbox"/> ..... .....

Haematology request(s) ✓	Histopathology request(s) ✓
PB morphology <input type="checkbox"/> BM morphology <input type="checkbox"/> Iron stain <input type="checkbox"/> BMT (haem) <input type="checkbox"/>	BMT <input type="checkbox"/> CD138 IHC <input type="checkbox"/> Congo Red <input type="checkbox"/>

Flow cytometry test request(s) ✓ One EDTA per sub-section	
Acute <input type="checkbox"/> Inc. blast enumeration	Lymphoid <input type="checkbox"/> Progressive B / T panels as required or known disease
Ext. B <input type="checkbox"/> Ext. T <input type="checkbox"/> Plasma cell <input type="checkbox"/>	Flow MRD <input type="checkbox"/> (Send Away – specify BM / PB)

Wessex Genomics Laboratory Service (Southampton) test request(s) ✓ One EDTA per sub-section		
<b>JAK2 V617F</b> only (Monitoring) <sup>1</sup> <input type="checkbox"/> <b>Post allo transplant chimerism</b> <sup>2</sup> <input type="checkbox"/> <b>BCR::ABL1 (IS) ratio monitoring</b> <sup>3</sup> <input type="checkbox"/> <b>BCR::ABL1 kinase domain mutation</b> ** <input type="checkbox"/>	<b>BRAF V600E</b> <input type="checkbox"/> <b>FVL/PTM genotyping</b> <input type="checkbox"/> TKI: _____ Start date: _____ <b>Acute leukaemia molecular (genetics) MRD</b> <sup>4**</sup> AML Follow up <input type="checkbox"/> (AML baseline from WGLS Salisbury <sup>5</sup> ) ALL Baseline <input type="checkbox"/> Follow up <input type="checkbox"/> <small>ADULT AND TYA PATIENTS ONLY<sup>6</sup></small> Date of diagnosis/this timepoint: ..... MRD Marker: ..... Transcript/mutation type: ..... <small>Must be provided to ensure timely processing and directing of samples</small>	<b>MYD88 L265P</b> <input type="checkbox"/> <b>CLL IGHV somatic hypermutation *</b> <input type="checkbox"/> <small>*For IGHV, please provide lymphocyte count: .....</small> <b>Clonality</b> T cell disease <input type="checkbox"/> <small>A progressive testing strategy is used</small> B cell disease <input type="checkbox"/> <b>Include histology / immunophenotyping report</b>

Wessex Genomics Laboratory Service (Salisbury) test request(s) ✓ (see reverse for sample details)	
<b>Myeloid disorders (MDS, MPN, AML, CML<sup>3,#</sup>)</b> G-banding <input type="checkbox"/> FISH <input type="checkbox"/> Myeloid NGS panel <input type="checkbox"/> <small>*Baseline CML chronic phase is not a clinical indication for myeloid NGS panel</small> • <b>AML</b> FLT3-ITD <input type="checkbox"/> FLT3-TKD <input type="checkbox"/> NPM1 <input type="checkbox"/> IDH1/IDH2 <input type="checkbox"/> TP53 <input type="checkbox"/> • <b>MPN (including Myeloid/Lymphoid Neoplasms with Eosinophilia &amp; Mastocytosis)</b> MPN gene panel (JAK2 V617F/CALR/MPL/JAK2 exon 12) (all diagnostic ?MPN) <sup>2</sup> <input type="checkbox"/> KIT D816V <input type="checkbox"/> Extended KIT NGS panel (if D816V neg) <input type="checkbox"/> FIP1L1::PDGFRA (diagnosis and monitoring) <input type="checkbox"/>	<b>ALL (T- and B-)</b> G-banding <input type="checkbox"/> FISH <input type="checkbox"/> SNP array <input type="checkbox"/> <b>Lymphoid (Mature: CLL, NHL, etc.)</b> FISH <input type="checkbox"/> TP53 sequencing <input type="checkbox"/> <b>Myeloma:</b> CD138-positive separation only (storage) <input type="checkbox"/> Myeloma FISH panel <input type="checkbox"/>

Requester			
Name		Signature	Date
Email / phone			/ /

## Sample transport

The referring laboratory is responsible for the safe transfer of tissue and it is thus recommended that Royal Mail Recorded Delivery or an equivalent tracked postal service is used.

Transport tracking ID

Please send flow samples to:	WGLS (Southampton) samples to:	WGLS (Salisbury) samples to:	BMT samples to:
Department of Immunology Laboratory Medicine University Hospital Southampton NHFT, Tremona Road, Southampton, Hampshire, SO16 6YD.	Formerly Department of Molecular Pathology Duthie Link Building, Mailpoint 225, University Hospital Southampton NHSFT, Tremona Road, Southampton, Hampshire, SO16 6YD.	Formerly Wessex Regional Genetics Laboratory Salisbury District Hospital, Salisbury, Wiltshire, SP2 8BJ	Department of Cellular Pathology, Pathology Block, Level E, Mailpoint 002. University Hospital Southampton NHSFT, Tremona Road, Southampton, Hampshire, SO16 6YD.
☎ 02381 206615 / 02381 206640 ✉ immunologylab@uhs.nhs.uk	☎ 02381 206638 ✉ wglcancergenomics@uhs.nhs.uk ✉ wgs_cancerwgl@uhs.nhs.uk (WGS ONLY)	☎ 01722 429080 ✉ shc-tr.WRGLdutyscientist@nhs.net 🌐 www.wrgl.org.uk	☎ 023 8120 4879 ✉ cellpath@uhs.nhs.uk
UKAS ref: 8696	UKAS ref: 9194	UKAS ref: 1175	UKAS Ref: 8178

## Sample requirements

Details on both the referral card and the sample tube should be complete and legible. A minimum of 3 ID points are required. We reserve the right to refuse to process samples with incomplete, illegible or ambiguous patient information. Any samples in the wrong tube or medium, or which are subject to significant delay in transit, are liable to be rejected.

Flow cytometry	<p><b>EDTA whole blood, bone marrow or fluid in universal container.</b> Sample must arrive and be tested within 72 hours of collection</p>
WGLS (Southampton) Formerly Molecular Pathology	<p><b>FFPE:</b> Send FFPE block (preferred) or tissue scrolls (3 x 20µm). Scrolls should be prepared on a clean microtome, ideally using a fresh blade per case, to avoid the risk of cross-contamination.</p> <p><b>PB:</b> Send minimum 3.4ml EDTA as an independent sample. This must <b>not</b> have been used previously on an automated laboratory analyser.</p> <p><sup>1</sup> <b>JAK2 V617F</b> only requested for <b>monitoring</b> of known <b>JAK2 V617F</b> variant allele frequency only. <u>All referrals for suspected/confirmed MPN should go for MPN gene panel at WGLS (Salisbury).</u></p> <p><sup>2</sup> This laboratory performs whole PB/BM chimerism. This is not requesting Lineage Specific Chimerism, which is sent directly from clinical teams.</p> <p><sup>3</sup> <b>BCR::ABL1 (IS)</b> ratio monitoring for CML/TKI monitoring only. For all ?CML or confirmed CML diagnostic referrals, send PB/BM sample for FISH/G-banding at WGLS (Salisbury) (see Myeloid disorders section of the form). For <b>BCR::ABL1 (IS)</b> ratio monitoring, if PB sample, please send minimum 12ml EDTA.</p> <p><sup>4</sup> For MRD analysis on PB, please send 20ml EDTA; if BM, please send 5ml EDTA. Patients monitored at unusual laboratories must be highlighted and the MRD lab identified.</p> <p><sup>5</sup> For AML cases where the diagnostic sample identifies a molecular MRD marker as part of the genetic work up, material from the baseline sample is standardly sent from the WGLS Salisbury (the standard cytogenetics sample – <u>no additional sample required specifically for AML baseline MRD</u>) to WGLS Southampton for onward sending to the relevant laboratory.</p> <p><sup>6</sup> Adult patients (&gt;26 years of age), TYA patients (16-25years of age) only. Paediatric patients remain under the care of the CNS/trials team(s).</p> <p>Samples for RNA extraction must arrive in this laboratory within 48 hours of collection. ** This is a send away test.</p>
WGLS (Salisbury) Formerly WRGL	<p><b>BM:</b></p> <ul style="list-style-type: none"> <li>Conventional cytogenetics for acute leukaemias, MDS, MPD and aplastic anaemia: 1-2ml in heparinised transport medium or lithium heparin.</li> <li>For new paediatric acute leukaemias: 1-2ml in heparinised transport medium or lithium heparin + KCH (3 drops of BM in KCH to be fixed at referring laboratory).</li> <li>Molecular studies of <b>FLT3-ITD</b>, <b>FLT3-TKD</b>, <b>NPM1</b>, <b>IDH1</b>, <b>IDH2</b>, <b>TP53</b>, <b>KIT</b>, <b>JAK2</b>, <b>JAK2 exon 12</b>, <b>CALR</b>, <b>MPL</b> and Myeloid NGS panel: 2-3ml in EDTA; however, material sent in BM heparinised transport medium or lithium heparin is acceptable.</li> </ul> <p><b>PB:</b></p> <ul style="list-style-type: none"> <li>Conventional cytogenetics for new diagnosis CML, myelofibrosis or new acute leukaemias if no BM available: 5-10ml in lithium heparin.</li> <li>FISH for CLL/MCL and <b>TP53</b> mutation testing: 5-10ml in lithium heparin.</li> <li>Molecular studies of <b>JAK2</b>, <b>CALR</b>, <b>MPL</b>, myeloid NGS panel, etc.: 5-10ml in EDTA.</li> <li><b>FIP1L1::PDGFRA</b>: 10ml in EDTA.</li> </ul> <p><b>Smears:</b> for CLL or NHL with suitable FISH markers, FISH can be attempted on freshly made, unfixed, unstained smears (at least 4 smears) if no fresh material is available. Please note that FISH can be attempted on smears that have been stored for some time if no other material available.</p> <p><b>Biopsies:</b> FFPE sections / tumour dabs: slides containing unstained FFPE sections (3-4µm) or tumour dabs should contain at least 2 patient identifiers. Please package in a slide box. For large FFPE sections, please also send H&amp;E slide with the tumour area appropriately marked.</p> <p><b>Other Tissues:</b> lymph node, spleen, skin etc. should be sent in transport medium upon previous discussion with the laboratory.</p> <p><u>Please phone as soon as possible if anything is sent by courier which might arrive outside normal working hours. There is an on-call rota for acute presentations and Burkitt lymphoma after hours on a Friday or at the weekend (please phone the switch board on 01722 336262).</u></p> <p><b>In submitting samples, the clinician confirms that consent has been obtained for testing and storage. Anonymised stored samples may be used for quality control procedures including validation of new genetic tests.</b></p>
Cellular Pathology	<p>Specimen to be submitted in 60ml pot containing 10% neutral buffered formalin (ratio of 10:1). Direct purchase from Genta Medical.</p>