Referral Form

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Hospital no:
Patient name:
Gender: M / F
DOB:
NHS no:
(Use label if available)

Referring consultant:
Referring hospital:
Address for report:

Contact details:

NHS ☐ **Research** ☐ **Private** ☐

New Patient / Follow-up

Post-Transplant: Auto / Sib / VUD / Cord / Haplo
Donor Male/Female BMT Date: ……/……/……

Clinical Details / Suspected Diagnosis
(If diagnosis known, please specify)

(On GCSF: Y / N)
(Recent Chemotherapy? Y / N)

Organomegaly:
Liver Y/ N
Spleen Y/ N
Lymph nodes Y/ N

Blood count:
Hb: ……
MCV: ……
WBC: ……
Neuts: ……
Lymphs: ……
Monos: ……
Blasts: ……
Plts: ……

Paraprotein: **Y / N**
G / A / M / D / E K / λ
Quantitation: ……g/l

Infection risk? Yes / No
If Yes specify: ……

Sample collected:
Date: ……/……/……
Time: ……

Specimens referred:
Peripheral blood ☐
Bone Marrow Aspirate ☐
Lymph Node ☐
Site:……
CSF / Pleural Fluid / Ascites ☐
Other (specify) …… ☐

Please send all samples to:
Special Haematology
c/o Central Specimen Reception
Blood Sciences Laboratory,
4th Floor, Southwark Wing,
Guys' Hospital,
Great Maze Pond,
London SE1 9RT.

Name: **Signature:** **Tel / Bleep:**
…… …… ……

Received Guys': **Date:** ……/……/……..
Time: ……

Indicate required tests:

1. **Fine needle aspirate (FNA)** ☐ ☐
   5ml Foetal Calf Serum (FCS) added prior to sending
2. **Acute panel** ☐
   (Bone marrow sample in EDTA required)
3. **B cell chronic panel** ☐
4. **T cell chronic panel** ☐
5. **CD19/CD20 Rituximab monitoring** ☐
   (Peripheral blood sample in EDTA required)
6. **Platelet Glycoprotein** ☐
   (Contact the laboratory prior to sending. Healthy control sample taken at the same time as patient sample required)
7. **Immuno-platelet count** ☐
   (Contact the laboratory prior to sending. Avoid mechanical mixing)
8. **Lymphocyte subset analysis** ☐
   (Peripheral blood sample in EDTA required)
9. **Other** ☐

(Specify)……

General enquires: 020 71883421
Leukaemia and lymphoma assays: 020 71882709
Immune monitoring and platelet assays: 020 71888189