

OncoGenomics Request Form



HEALTH SERVICES
LABORATORIES

Please deliver sample and form to:

HSL Analytics LLP, OncoGenomics, Level 6, 1 Mabledon Place, Flaxman Terrace, London WC1H 9AJ

Contact details: Dr Elisabeth Nacheva, The Halo Building, Level 7, 1 Mabledon Place, London WC1H 9AX

Email: oncogenomics@hslpathology.com | e.nacheva@ucl.ac.uk | elisabeth.nacheva@nhs.net

Phone: 020 3908 1314 (office) | 020 3908 2308 (lab) Mobile: 07714 721579

CLINICIAN

Hospital: _____ Consultant: _____

Doctor for enquiry: _____ Department: _____

Contact/Bleep no.: _____

PATIENT

Hospital number: _____ Ward: _____

Surname: _____ Department: _____

Forename: _____ Gender: Male Female

Date of birth: _____ Patient status: In/Out NHS/Private

SAMPLE

Sample date: _____ Time: _____

Sample type: **Bone Marrow** **Blood** **Other** (please specify) _____

DISEASE

Diagnosis: _____ FAB classification: _____

Disease status: **Presentation** **Remission** **Relapse** **Persistent** **Post treatment**

Post transplant Date of transplant: _____

Type and sex of donor: _____

Other (please specify): _____

FOR CYTOGENETIC USE ONLY

Lab no.: _____ Date and time of receipt: _____

Cell count: _____ x10⁶ per ml Volume of sample : _____ ml

Cultures: _____

ON **ONC** **SYN** **Direct culture** **3D** **3D+PHA** **3D+TPA** **IL2DS30**

MACs **Lympho prep (FISH only)** **Other** _____



All tests are accredited under UKAS standard ISO 15189:2012.

For the full scope of accreditation please refer to the

UKAS website <http://www.ukas.com>