



Haematology Diagnostic Service Request Form

Enquiries: Immunophenotyping 0121 424 0704; Molecular Haematology 0121 424 3704
www.heftpathology.com

Please complete ALL Sections

Patient details:

PID number:	NHS Number:
Surname:	Forename:
Date of birth:	Male / Female:
Referring hospital/ward: (For report destination)	Consultant:
Customer reference:	Contact details:

Specimen details (Sample(s) must be labeled with minimum of full name *and* PID no. *or* NHS no. *or* D.O.B.):

Specimen type:	Date/time sample:	Please supply Fbc:	Wbc	Hb	Plts	Neuts	Lymphs	Blasts
Clinical details:/Diagnosis								
High risk sample? yes / no			Urgent? yes / no					

Please tick the relevant investigations (refer to website for sample requirements):

Immunophenotyping requests	Molecular haematology requests
Myelodysplasia/leukaemia screen	Factor V Leiden
Investigation for acute leukaemia	Prothrombin gene G20210A
Investigation for lymphoproliferation	MTHFR C677T
Investigation for myeloma/MGUS	Haemochromatosis (C282Y/H63D)
Residual disease: CLL	Additional information/comments:
Residual disease: Acute leukaemia	
Residual disease: Myeloma	
PNH screen (peripheral blood only)	
Stem cell quantitation (peripheral blood only)	
Date of request:	Signed:

This form is downloadable from www.heftpathology.com/frontpage/downloads.html