TDL GENETICS LTD
The Halo Building
1 Mabledon Place
London WC1H 9AX
T 020 7307 7409
F 020 7307 7350
E tdlgenetics@tdlpathology.com

CLINICIAN

Doctor

Address

Tel Email

Additional copy of results to:

TAP5599C/13-02-26/V7

SURNAME		DOB or AGE	Patient Ref. No.	Gestation
FORENAME	TITLE			

Clinical Details – include reason for test request and family history
(Please complete this box – details are crucial for analysis and interpretation)

Identified gender	☐ M ☐ F
Biological sex (if different)	☐ M ☐ F

Suspected or known diagnosis

☐ Confirmed ☐ Provisional

☐ AML	☐ MPN	☐ MGUS
☐ APML	☐ Lymphoma	☐ Non-Haem
☐ ALL	☐ MDS	☐ Other (specify)
☐ CLL	☐ Myeloma	☐ CML

MOLECULAR HAEMATOLOGICAL ONCOLOGY TESTS

☐ **LMRD**	**ALL MRD** *(measurable residual disease by digital PCR)*
☐ **MMRD**	**AML MRD** *(measurable residual disease by digital PCR)*
☐ **MPNS + BCRD**	**BCR::ABL1 diagnostic NGS**
☐ **PHFP**	**BCR::ABL1 TKD mutation NGS**
☐ **BCRA**	**qBCR::ABL1**
☐ **IGHA**	**B-cell clonality** *(IgH, IgK)*
☐ **BRAF**	**BRAF by NGS**
☐ **CRCS**	**KRAS, NRAS and BRAF by NGS** *(Colorectal Cancer Screen)*
☐ **IGVH**	**IgVH Mutation Analysis**
☐ **PHFP**	**Leukaemia / Lymphoma RNA Sequencing Panel** *(199 gene targets inc. fusion genes & SNV/Indel)*
☐ **ALRP**	**Leukaemia (Rapid Acute) DNA and RNA NGS Panel** *(45 DNA gene targets & 30 RNA fusion driver targets)*
☐ **GENL**	**Lymphoid NGS** *(60 gene targets inc TP53)*
☐ **MPNS**	**Myeloid NGS** *(45 gene targets inc. JAK2 V617F, JAK2 exon 12, CALR,MPL)*
☐ **TCRA**	**T-cell clonality** *(TCRg/TCRd)*
☐ **MLH1**	**MLH1**
☐ **MGPD**	**MGP4 (OCCRA) – DNA**
☐ **MGPR**	**MGP4 (OCCRA) – RNA**

FLOW CYTOMETRY

☐ **LYPT**	**Flow cytometry**

ONCOGENOMICS

☐ **CMA**	**Haematological Cytogenetics (Oncogenomic karyotyping by microarray)**

Other tests:

Fee to be paid by: ☐ Dr ☐ Patient

Patients address and telephone number (essential information if patient to pay)

Address

Town/City Postcode

Contact telephone number

Tick if a Letter of Guarantee is required ☐

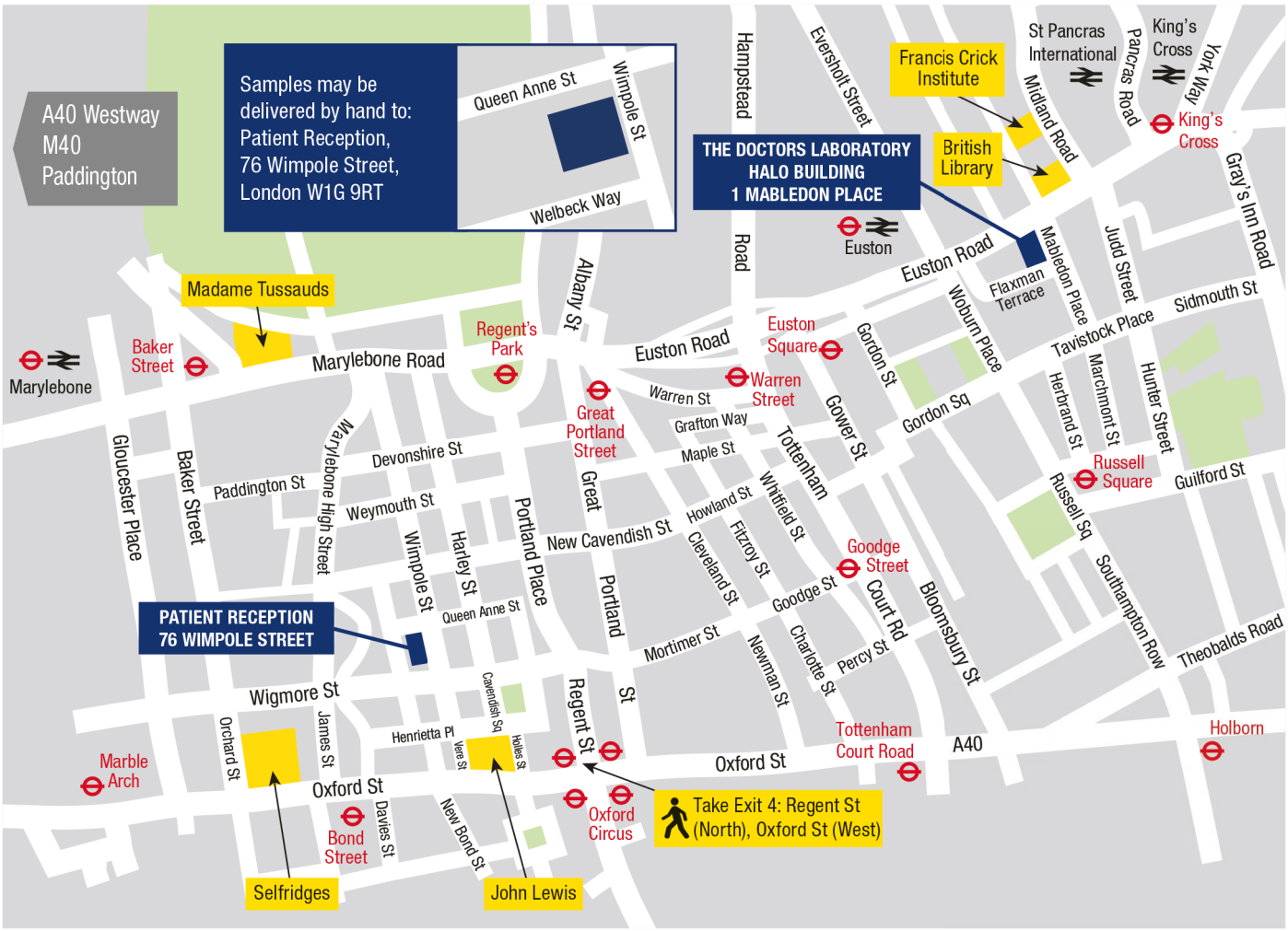
Laboratory notes:

For Practice Use Only:	For TDL Genetics Use Only:	Date/Time received:
☐ Bone marrow aspirate ☐ CSF ☐ Bone marrow trephine ☐ Lymph node ☐ Periperhal blood ☐ Other (specify):	☐ Bone marrow aspirate ☐ CSF ☐ Bone marrow trephine ☐ Lymph node ☐ Periperhal blood ☐ Other (specify):	
Sample Date / Sample Time	Analysis	

For further test information or sample requirements please refer to Laboratory Guide or contact Dr Lisa Levett on 020 7307 7409.

Patient Consent: Patient consent is inferred upon the receipt of a completed request form and appropriate sample, unless otherwise stated in the laboratory guide. It is the responsibility of the referring clinicians to ensure appropriate consent has been obtained.

TDL GENETICS



SENDING SAMPLES TO THE LABORATORY

TRANSPORT ARRANGEMENTS

All specimens should be kept at room temperature and despatched to the laboratory as soon as possible, by TDL/international courier, first class post, guaranteed next day delivery or a reliable alternative.

If a delay in sending the sample is unavoidable, please refrigerate overnight – DO NOT FREEZE. Specimens must not be allowed to come in contact with request forms, but should be kept separate by using dual – pocketed plastic bags. Specimens for inland postage must be packed in a rigid crush-proof container according to current Post Office guidelines. IATA guidelines should be followed for international transport (Advice is available from the laboratory).

LABELLING OF HIGH RISK SAMPLES

Please note that it is the responsibility of the referring clinician to ensure that high-risk samples are clearly identified to reduce the risk of infection to staff and others.

PATIENT DETAILS ON REQUEST FORMS AND SAMPLES

Request and consent forms are available directly from TDL Genetics.

In order to avoid unnecessary time spent in obtaining details please provide the following information:

Information for request forms:

- Surname, forename (not initials) and date of birth
- Full name (not initials) and location of referring clinician
- Full address of clinician to whom the result should be sent
- Legible clinical summary, including details of any relevant family history
- Address for billing – Doctor, patient or other
- Gestation on prenatal samples
- Hospital or reference number
- Test required

Essential information on sample container label:

- Patients surname and forename (not initials)
- Date of birth
- Hospital number or reference number

CONSENT FORMS

Consent forms (at the back of this booklet) are available for genetic testing. As genetic testing may have implications for other family members and is regarded as personal data, it is recommended that written consent is obtained wherever possible. In cases with predictive testing for severe disorders, as indicated in the laboratory guide, it is essential that patients should also be offered formal genetic counselling. It is the responsibility of the referring clinician to obtain appropriate consent from the patient.

UNLABELLED SAMPLES

Unlabelled samples will ONLY be processed if the individual who took the sample can confirm the sample is from the patient in question. In the absence of this assurance, the sample will be discarded and a repeat required.

Consent Form

TDL GENETICS

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E tdlgenetics@tdlpathology.com

PATIENT OR GUARDIAN

Please tick as applicable.

☐ I consent ☐ I do not consent to be tested for the genetic test/tests which have been explained to me.

☐ I consent ☐ I do not consent for the results of this test to be available to assist in testing other family members.

☐ I consent ☐ I do not consent for DNA from this sample to be stored.

☐ I consent ☐ I do not consent for DNA to be used anonymously for relevant research.

Signed _____

Date _____

DOCTOR

I have explained the purpose of obtaining a blood or tissue sample for genetic testing.

Signed _____

Date _____

This consent form is for use with diagnostic testing. It is important to think through the implications of genetic testing for other family members. Certain family studies may reveal information regarding paternity. We strongly recommend genetic counselling for predictive testing in disorders such as Huntington's Disease or inherited cancers.
Please contact our Consultant if you have queries about consent or counselling issues.