

HOSPITAL AMPANG SPECIAL HAEMATOLOGY REQUISITION FORM

Clinical Haematology Referral Laboratory, Level 2, Hospital Ampang, 68000 Ampang, Selangor

☎ 03-42896219 ✉ mrkhampang@moh.gov.my

PATIENT DETAILS

Name _____

I/C

Age _____ Malay / Chinese / Indian / Other _____ Male / Female

Ward _____ Hospital _____

CLINICAL, THERAPY & TRANSFUSION HISTORY

Incomplete clinical history will compromise test interpretation
HISTORY / DIAGNOSIS:

THERAPY:

TRANSFUSION:

Diagnosis _____

CONSENT: Your signature confirms that you have obtained patient's consent for usage of this extracted DNA & RNA for assay optimisation. This usage will be anonymised and will not be linked to this patient.

SIGNATURE _____

DOCTOR'S NAME _____

MOBILE NUMBER [COMPULSORY] _____

Do you require **expedited** result?

Signature verifies the identity of this sample. Any edit should be initialed.
Incomplete requisition form **will** result in **sample rejection**.

PATIENT CONSENT (Molecular & Cytogenetics tests)

I have read the patient information sheet and discussed it with my health care provider. I have been given an opportunity to ask questions and have them answered about the test ordered. I give my consent for :

- genetic testing
 use of remaining sample for research

Patient / Legal Guardian: _____

Name : _____

IC Number : _____

Date : _____

Lab use only
Date / Time received: _____

Lab No. _____

SAMPLE

Sampling: Date _____ **Time** _____
(Date & Time of sampling is COMPULSORY)

- Blood Bone Marrow Trepine CSF
 Other _____

MORPHOLOGY ☎ 03-42896532

- FBP Retic Cytospin Iron stain Bone Marrow

FLOW CYTOMETRY ☎ 03-42896218

- Leukaemia/Lymphoma MRD PNH

CYTOGENETICS ☎ 03-42896055

- Chromosome Analysis
 FISH PML RARA BCRABLI PDGFRA TP53
 'Y' Chimerism (Donor Male Female)

MOLECULAR ☎ 03-42896056

- JAK2V617F / CALRETICULIN BCRABLI
 Myeloid panel (MDS / AML) FLT3 NPM1
 MRD monitoring : (Please circle)
 BCRABLI [Major P210 / Minor P190] CBFMYH11
 PMLRARA [subtype BCR 1 / 2 / 3] RUNX1-RUNX1T1

HAEMOSTASIS ☎ 03-42896461

- Coagulation profile INR Factor Assay
 Mixing Test/Inhibitor screen VWD screen Anti XA [LMWH]
 Lupus Anticoagulant Anti-thrombin Protein C / S
 ADAMTS-13 activity / inhibitor D-Dimer [in house and during office hour ONLY]

RED CELL ☎ 03-42896217

- Hb Analysis Serum EPO

HAEMATOPATHOLOGY ☎ 03-42896222

Site of biopsy _____

Block No _____

Slides No _____ Unstained / Stained

OTHERS

All requests will be screened by laboratory personnel. Appropriate test will be performed based on relevant clinical history and laboratory findings; which may differ from initial order requested.

QUICK GUIDELINES FOR SAMPLING

Any questions / urgent requests please **call lab and/or Lab Haematology MO on-call** [contactable via Hospital operator, 03-42896000] prior to obtaining sample; especially if sampling on Friday or eve of Public Holidays.
 Unless otherwise indicated, **all tests are available Monday -Friday 8 am to 5 pm.**
 Please scan QR code for MRKH handbook and form.



| Test | Specimen | Container | Volume | Special instructions |
|---|-----------------|--|--|--|
| Morphology | | | | |
| Full blood count / Full blood picture / Reticulocyte count | PB | K2/K3 EDTA | 2 ml | Received within 6 hrs of collection. |
| Body fluid/ CSF | Body fluid/ CSF | Plain Screw Cap Tube** | 1 ml | <u>Internal samples only.</u> Body fluids / CSF should reach lab within 1 (ONE) hour of sampling. Samples should reach lab by 3 pm (Monday-Thursday) & before 12 pm (Friday). |
| Flowcytometry | | | | |
| Immunophenotyping Leukaemia / Lymphoma / MRD | PB / BMA | K2/K3 EDTA | 4 ml | <u>Internal samples</u> Transport to lab immediately after collection at RT. |
| Paroxysmal Nocturnal Haemoglobinuria (PNH) | PB | K2/K3 EDTA | 2 ml | <u>External samples</u> Received preferably within 24 hours of draw and transported at 2°C to 8°C. |
| Body fluid/ CSF | Body fluid/CSF | Transport Medium** | Min 1 ml | <u>Internal samples only.</u> Transport to lab immediately after collection at RT. Samples should reach lab by 3 pm (Monday-Thursday) & before 12 pm (Friday). |
| Cytogenetics | | | | |
| Chromosome Analysis | PB / BMA | Sterile Marrow Transport Medium with heparin** or Sodium Heparin tube. | Min 1-2 ml (BMA) | <u>Internal samples</u> Transport to lab immediately after collection at RT. |
| Fluorescence In Situ Hybridization (FISH) | | | Min 5 - 10 ml (PB) | <u>External samples</u> Received within 72 hours of draw and transported at 2°C to 8°C. DO NOT freeze specimens. |
| Molecular | | | | |
| All molecular tests | BMA | K2/K3 EDTA | Min 1-2 ml | <u>Internal samples</u> Transport to lab immediately after collection at RT. |
| | PB | K2/K3 EDTA | 10 ml | <u>External samples</u> Received preferably within 24 hours of draw and transported at 2°C to 8°C. DO NOT freeze specimens. |
| Haemostasis | | | | |
| All Haemostasis tests (No. of tubes depends on no. of tests ordered. Refer to Handbook of services in MRKH) | PB / Plasma | Trisodium Citrate 3.2% | Collect until indicated mark per tube | <u>Internal samples</u> Transport to lab immediately after collection at RT. <u>External samples</u> Separate and aliquot ≥500 µL plasma from cells into secondary tube (e.g polyphyrene tube (PPT)) immediately. Store frozen at -40°C and transport frozen plasma on dried ice. |
| Red cell | | | | |
| Hb Analysis | PB | K2/K3 EDTA | 2 ml | <u>Internal samples</u> Received within 6 hrs of collection. <u>External samples</u> Transport to lab within 24 hours after collection at 2°C to 8°C. |
| Serum Erythropoietin (EPO) | PB / Serum | Plain | 3.5 ml | <u>Internal samples</u> Transport to lab immediately after collection at RT. <u>External samples</u> Separate serum from cells into secondary tube (Min 1.5 ml) immediately. Store frozen at -40°C and transport frozen serum on dried ice. |
| Haematopathology | | | | |
| Bone marrow trephine biopsy | Trephine biopsy | 10% neutral buffered formalin** | Trephine biopsy in 30 ml of formalin (Max level of sterile container used) | Immerse trephine biopsy in formalin immediately. Transport to lab at room temperature. |

*Peripheral Blood (PB); Bone Marrow Aspirate (BMA); Cerebrospinal fluid (CSF); Min=minimum; Room Temperature (RT); **container provided by Lab.

Bone Marrow Procedure Documentation – Lab Use Only

Date & Time of Marrow _____ FBP

Dr _____ Nurse _____ MLT _____

Site of Marrow PSIS Right Left Condition of Sample Good Clotted Dry Tap

Aspirate Trephine Trephine Imprint Number of smears _____ Cytogenetics Flow Molecular Iron Stain

| TERIMA | | AGIH KE | | | |
|--------|-----------|---------|------|-------|-------|
| BIL. | JENIS | UNIT | BIL. | JENIS | T/T 2 |
| | [E]DTA | Morp | | | |
| | [N]a Hep | Cyto | | | |
| | [B]TMedia | Flow | | | |
| | [C]itrate | Mole | | | |
| | [P]lain | RCH | | | |
| | [T]reph | HPE | | | |
| | [O]thers | | | | |
| T/T 1 | | | | | |

SERVICE AGREEMENT

Change in service shall be reflected in explanatory information and laboratory reports.
 Customers or users shall be informed of deviations from the agreement that impact upon the examination results.

Patient Information Sheet Molecular and Cytogenetics Testing

Clinical Haematology Referral Laboratory, Hospital Ampang

1. The results of this test may provide a diagnosis or show an indication of an increased risk for me and /or family members to have an inherited cancer.
2. I am aware that the results may be inconclusive to my genetic status. While some genetic variants are known to be either disease causing or benign, a portion of genetic variants detected are of uncertain significance. Genetic counseling and further testing may be recommended depending on the results of the test.
3. I understand that anonymized summary of results of this test may be presented at meetings, scientific publications and / or genetic variant database to improve the understanding, diagnosis and treatment of similar clinical conditions. No identifying information will be presented.
4. I am aware that an appropriate amount of specimen will be used to carry out the test ordered. As for the balanced unused specimen, I hereby consent that it can be used for research and quality assurance purposes to aid in the continued improvement in the quality of the service provided by the laboratory.
5. I consent to the long-term storage of genetic samples in the diagnostic laboratory for the use in family screening, research and the efforts to improve diagnosis and treatment of the disease I have.
6. The research data concerning me will be treated as confidential information and coded in such a way that my identity cannot be discovered without the key code in the possession of the laboratory. Where necessary, such coded research data may also be processed within or outside Malaysia and released for use by another research group or a company participating in the study, personal information would be protected to a standard comparable to the protection in accordance with the Personal Data Protection Act 2010. I hereby give my consent to the use of the aforementioned research data for the purposes set out in this consent.
7. I understand that I will not be contacted by the laboratory at the time when my sample is being used for research purposes later. However, the research use of the sample taken for diagnostic purposes is voluntary and I may cancel this consent and withdraw my consent at any time. I am aware that the data collected up to the date of my withdrawal will be used as part of the research material.