



PATIENT DETAILS:

Surname:

Forename:

Date of birth: / / Male Female

MRN:

Patient's Address: _____

CLINICAL DETAILS: Include treatment details as relevant.

Has the patient attended SJH previously? Yes No SJH MRN:

Patient's Consultant in SJH:

Please forward a copy of the most recent FBC, flow cytometry and cytogenetics reports and any other relevant details.

REASON FOR REFERRAL:

Pre-transplant Other *please specify below:*

REFERRING HOSPITAL AND SAMPLE DETAILS:

Referring Hospital Name:

Requesting Consultant: Contact details:

| Referring Laboratory No. | Date of Collection | Sample Type (BMA/Blood Film) | No. of slides | Stained | Unstained |
|--------------------------|--------------------|------------------------------|---------------|---------|-----------|
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Date and Time Received in SJH Lab: