

SAMPLE SHIPMENT FORM FOR HMDS

REMoDL-A

Please post samples to: Haematological Malignancy Diagnostic Service (HMDS), Level 3, Bexley Wing, St. James's University Hospital, Beckett St., Leeds, LS9 7TF. **Tel:** 0113 2067851 **Fax:** 01132067883

Please complete the sections below that apply only to the sample that you are sending.
 If you are sending a baseline sample, please attach a copy of the Patient's signed Consent Form.
 If you are sending a tumour sample, please attach a copy of the patient's histology report.

SITE TUMOUR BLOCK REFERENCE NUMBER (MANDATORY)			
Patient Study ID		<input type="checkbox"/>	Alternatively, tick box if participant is not yet registered on the RAVE database & does not have study ID yet (in instances where the patient has only signed the tissue block screening consent form).
Investigator Site			
Surname		Forename(s)	
Date of Birth (Mandatory)	dd/mmm/yyyy	NHS Number (Mandatory)	
Shipping Hospital (if different from Investigator Site)		Principal Investigator	
Contact Telephone Number		Contact Email Address	
Date of Cycle 1	dd/mmm/yyyy	Approx. date of Cycle 2	dd/mmm/yyyy

BASELINE SAMPLES ONLY

Specimen Type (tick all that apply)		Date/time sample taken
Diagnostic Tumour block (+ H&E slides)	<input type="checkbox"/>	dd/mmm/yyyy
Blood (1x7.5ml EDTA tube)	<input type="checkbox"/>	dd/mmm/yyyy hh:mm
Blood (3x10ml cfDNA stabilisation tubes)	<input type="checkbox"/>	dd/mmm/yyyy hh:mm

Type of Biopsy
(e.g. core or surgically acquired) _____

Site of Biopsy
(e.g. lymph node, GIT, etc.) _____

- A copy of the participant's consent form is enclosed (tick)
- A copy of the participant's local histology report is enclosed (tick)

ctDNA SAMPLES ONLY

Sample taken at: (tick one)	Treatment			Follow Up			
	Cycle 2	Cycle 3	EoT	3 months	6 months	9 months	12 months
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date & Time taken	dd/mmm/yyyy			hh:mm			

Please send sample(s) in the Alpha Labs SpecSafe® mailing pack inside the pre-labelled envelope provided for the trial.

Please complete return address details for Tumour Block below:

Name	
Hospital	
Address	
County	
Postcode	