

Information form

Haematological karyotype

Patient information

First name:

Last name:

Date of Birth: / /
Day / Month / Year

Sex: M F

Type of specimen

bone marrow peripheral whole blood other

*Use Lithium Heparin. Do **not** use EDTA tubes. To be rapidly sent to Claymon Biomnis at room temperature.*

Indication (necessary for conclusive interpretation):

Acute Leukaemia (AL):

- | | |
|--|--|
| Acute Lymphoid Leukaemia (ALL) <input type="checkbox"/> | Immuno: |
| Acute Myeloid Leukaemia (AML) <input type="checkbox"/> | FAB Type: |
| Chronic Myeloid Leukaemia <input type="checkbox"/> | |
| Chronic Lymphoblastic Leukaemia <input type="checkbox"/> | |
| Lymphoma <input type="checkbox"/> | |
| Myeloma <input type="checkbox"/> | |
| Myelodysplastic syndrome (MDS) <input type="checkbox"/> | |
| Myeloproliferative syndrome <input type="checkbox"/> | |
| Fanconi anemia <input type="checkbox"/> | |
| Recent bone marrow transplant <input type="checkbox"/> | Donor's Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Other <input type="checkbox"/> | Specify: |

Enclose any other results or relevant observation:

- Immunophenotyping
- Full Blood Count
- Hemoglobin
- WBC
- Platelets Count
- Neutrophils
- Lymphocytes

Ongoing treatment: