









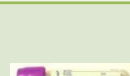

















Essential Diagnostic Blood Tests Reference Guide for Suspected New Leukaemia/Lymphoma

Request on EQUEST and print forms for:	Bottle type	Bottle colour	Specific Instructions
FBC and film comment	EDTA Purple VC or small red if infant		
Coagulation Screen	Sodium citrate blue (VC) or small green coag bottle if infant		
U&Es, creatinine	SSTII gold or small orange Li Hep if infant		Take by person to lab if high count to avoid cells lysing prior to analysis.
Calcium and Phosphate	SSTII or Li Hep		
LFTs (inc albumin)	SSTII or Li Hep		
LDH and Urate	SSTII or Li Hep		
Blood Cultures if febrile	Culture bottle		
Baseline Viral serology IgG For Varicella/CMV/Measles/EBV/Toxo	2-3mls Red topped plain		Prior to any blood component transfusion. State on form if had chicken pox or not.
Immunoglobulins (prior to any blood component transfusion)	2-3mls Red topped plain		
Paper form for Group & Save	Large pink EDTA		Blood Track system in UHS, barcode onto bottle and onto form, doctor to sign form.
Paper form for TPMT genotype (prior to red celltransfusion)	Full purple EDTA tube		Don't request on EQUEST. Don't send to Biochem out of hours. Send with Plain white paper form: if no form available a form can be printed from UHS Extranet. Write "As discussed with Dr Paul Cook TPMT genotype for new acute leukaemia". See appendix X for copy.
In addition in high count leukaemia with presenting counts >50 it may be possible to obtain diagnostic samples on peripheral blood instead of bone marrow. These samples should be hand delivered to the lab by the ward doctor and documented carefully in the notes.			
Cytogenetics	5-10 ml lithium heparin green (LH)		Need to be taken to UHS haematology lab to be sent to Salisbury before 15.00 on working days. Store at room temperature. Send with green page of bone marrow request form (state sample is blood).
Cell markers/ Immunophenotyping	5-10 ml EDTA		Call Dr E Hodges on ext 6976 (lab x6604) when sending. Store sample in fridge carefully labelled out of hours. Send with blue page of bone marrow request form (state sample is blood).
MRD sample	5-10 mls ACD		Not to be stored in the fridge, store at room temperature. In hours give by hand to the leukaemia data manager. Out of hours place in day ward treatment room carefully labelled.

Essential Diagnostic Blood Tests Reference Guide for Suspected New Solid/Brain tumour

Request on request and print forms in usual way for:	Bottle type	Bottle colour	Specific Instructions
FBC and film comment	EDTA Purple VC or small red if infant		
Coag Screen	Sodium citrate (VC) or small green coag bottle if infant		
U&Es, creatinine	SSTII or small orange Li Hep if infant		
Calcium & phosphate	SSTII or Li Hep		
LFTS (inc albumin)	SSTII or Li Hep		
LDH & Urate	SSTII or Li Hep		
AFP/bHCG	SSTII or Li Hep		If suspected hepatoblastoma/germ cell tumour
Ferritin	SSTII or Li Hep		If suspected neuroblastoma
Blood Cultures if febrile	Culture bottle		
Baseline Viral serology IgG For Varicella/CMV/Measles/ EBV/Toxo prior to any blood component transfusion.	2-3mls Red topped plain		State on form if had chicken pox or not
Immunoglobulins (prior to any blood component transfusion)	2-3mls Red topped plain		
Specific paper forms needed for the following:			
Group & Save	EDTA (purple or pink)		Blood Track system, barcode onto bottle and onto form, doctor to sign form