

ALL Genomic Analysis

Genomic and phosphoflow studies



SAHMRI Identification Number: _

Patient demographic

**mandatory*

Initials: _____ DOB: ____ / ____ / ____ Sex: F ☐ M ☐

Signed Consent/Tissue Bank: Y ☐ N ☐

Please indicate type of consent:

☐ Australian Genomics ☐ LS17/REGALLIA ☐ SACRB ☐ 1769/EP ☐ QCTB

☐ CCIA ☐ ASSET ☐ Other, please specify: _____

Treating Hospital: _____

Treating Physician: _____ Phone: _____ Email: _____

Registrar/Study Coordinator: _____ Phone: _____ Email: _____

Samples requirement:

**the sample must contain blasts*

Bone Marrow ☐ 4ml in Li Hep no gel or EDTA no gel
(preferred)

and/or

Peripheral Blood ☐ 20ml in Li Hep no gel or EDTA no gel

and/or

Cryopreserved ☐ BM ☐ PB
☐ Cryopreserved cells Cell number: _____
☐ RNA
☐ DNA
☐ Snap frozen cell pellet

☐ Diagnosis ☐ Relapse ☐ Refractory ☐ on Treatment

Sample collection date: ____ / ____ / 20 ____ Collection time: ____ : ____ am/pm

Sample / patient history:

** not mandatory, BUT disease characteristics will assist with result interpretation*

Provisional Diagnosis: ☐ T-ALL ☐ B-ALL ☐ Ph+ ALL
☐ Unknown ☐ Other

PB WCC _____ PB Blast % _____ BM Blast % _____

Notes/Comments: _____

Sample Transport

World Courier Ph. 1800 023 560 Account number: 3514

SAHMRI Cancer Program, Level 5, North Terrace, Adelaide SA 5000

Ph. 08 8128 4304

Please email a copy of this form on day of collection to stephanie.arbon@sahmri.com