

Referral—BCR-ABL Kinase Domain Mutation Analysis

Patient Details

Patient name: _____ Date of birth / /

Collection Details

Collection date ____/____/____

 Sample type Peripheral blood Bone marrow Other (list)

 Sample sent as Ambient (EDTA) Trizol (frozen) RNA Other (list)

BCR-ABL Information

BCR-ABL transcript type*:
**OR if unknown please provide the following information.*

Laboratory that performed the diagnostic test:

Phone: _____ email: _____

Date of diagnosis / /

 Patient status CML-CP CML-AP CML-BC Ph+ALL
 Other (list)

 Current treatment Imatinib Dasatinib Nilotinib Ponatinib None
 Other (list)

Most recent result

Collection date / / BCR-ABL % international scale:

 Previous history of BCR-ABL mutations? No Yes (list mutations)

Referral Information

 Clinical notes for BCR-ABL mutation analysis are clearly indicated on the pathology request form **OR**
 Please provide supporting information for your mutation analysis request
 (For example—rising BCR-ABL levels, poor response to treatment etc.)

Requestor's Details

Name: _____ Phone: _____

email: _____

Incomplete Information

Missing or incomplete information on this referral could result in substantial delay in processing.

Sample Submission

 When complete please send *this referral form* together with a *pathology request form* and the *sample* to:

Genetics and Molecular Pathology, SA Pathology

Frome Road, Adelaide SA 5000

This form may be faxed to (08) 8222 3146.

Additional Information

If you require more information please phone the laboratory on (08) 8222 3892.