

# Requisition for Minimal Residual Disease Testing for Acute Lymphoblastic Leukemia

## REFERRING PHYSICIAN

Physician Name (print):

Email:

Hospital:

Address:

Telephone:  Fax:

## PATIENT INFORMATION

Medical Record No.:

Health Card No.:

Last Name:

First Name:

Date of Birth (yyyy/mm/dd):

Sex at Birth: M  F

## SPECIMEN TYPE

Bone Marrow  Peripheral Blood

## TIMING OF SPECIMEN

Diagnostic

Day 8 (Peripheral blood only)

Day 29/End of induction

End of consolidation

Relapse

End of Reinduction (post relapse)

Prior to HSCT

Other:

## COLLECTION INFORMATION

Date (yyyy/mm/dd):

Time (00:00hr):

Collected By:

## CLINICAL INFORMATION

Other Information:

B Cell  T Cell

COG Reference Number (if applicable):

On Study?  Yes  No

If Yes, which study:

Has the patient ever been on Moab or Immunotherapy:  
 No  Yes

If Yes, specify:  Anti-CD19  CAR-T  Anti-CD22  
 Other:

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New Patient  Follow-up Patient

Was the patient previously tested at LHSC?  
 Yes  No

If No, please supply the following:  
 Diagnostic report at diagnosis  
 Patient listmode/fcs flow cytometry files

### PATIENT INFORMATION

Medical Record No.: <input style="width: 90%;" type="text"/>	Health Card No.: <input style="width: 90%;" type="text"/>
Last Name: <input style="width: 90%;" type="text"/>	First Name: <input style="width: 90%;" type="text"/>

### SAMPLE COLLECTION REQUIREMENTS

**Bone Marrow:**

Must be first draw

1ml of non-clotted marrow

Collection tube: EDTA

**Collection of a large volume of BM is discouraged, since this usually results in excessive contamination with PB**

**Peripheral Blood:**

Venous Draw

CBC and Differential Results

Collection Tube: EDTA

### SPECIMEN LABELLING

Labelling PB and BM must be collected into tubes labelled with at least two patient identifiers

### BILLING INFORMATION

Hospital or referring center:

Institution Name:

Address:

Country:

Email:

Telephone:  Fax:

### PACKAGING DETAILS:

Institutions are advised to ship fresh biospecimens on cold packs in warm weather and warm packs in cold weather.

To protect specimens from freezing, wrap the tubes and place them into isolating material or placing tubes into a Styrofoam box.

To ensure movement during transportation does not damage the specimen or cold packs, institutions are advised to pack the shipping container with extra packing material. This will minimize the amount of movement of the specimen(s) and the packs.

### SHIPPING INSTRUCTIONS

**Ship with FedEx Overnight**

Email tracking information to: [mrd.lhsc@lhsc.on.ca](mailto:mrd.lhsc@lhsc.on.ca)

**Monday-Thursday Shipping**

Ship to: Flow Cytometry Laboratory  
 London Health Sciences Centre  
 Victoria Hospital, Room D1-202  
 800 Commissioners Road  
 London, ON N6A 5W9

**Friday Shipping**

(HOLD AT FEDEX)

Ship to the Flow Cytometry Laboratory

Hold at: FedEx Depot  
 461 Exeter Road  
 London, ON N6E 2Z3

Sender must call LHSC Flow Cytometry Laboratory

### CHECKLIST FOR SENDING SPECIMENS:

- This Checklist
- Completed Form
- Patient prior reports sent to LHSC
- Specimen properly labelled
- Specimen properly packaged
- Package labelled with appropriate address
- If Saturday delivery then "signature not required" ticked
- Package sent "Overnight Priority" with FedEx
- LHSC Lab informed of sample shipping (phone or email)
- LHSC Lab informed of sample tracking information (email)

Hours of Operation: Monday to Friday 0800:1700 hrs

On Fridays or before a Stat Holiday, samples must be received in Flow Cytometry by 1000 hrs.

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