Clinical Directorate of Laboratory Medicine, Beaumont Hospital					
Doc No:	HAEMG-LF-084	**Revision**	5	**Active Date**	27th May 2022

Beaumont Hospital Haematology
MPN Test Request Form

A) Patient and Sample Details

Surname: ……..…….. Forename: ……..…….....

Hospital: ..... Hospital Number: …….…….....

Date of Birth: ..... Requesting Consultant: ……..Bleep No: .....

Gender: Male ☐ Female ☐ Date/Time Taken: ..... Sample Type: 2mL EDTA blood sample

(Office use only) Beaumont Hospital Episode No:

B) Test Required (Please tick)

☐ Myeloproliferative screen

(includes JAK2 V617F and/or CALR/ MPL/ JAK2 Exon 12)

Note: JAK2 V617F performed in-house prior to CALR/MPL/JAK2 Exon 12 referral externally.

IF CONFIRMED JAK2 V617F <u>NEGATIVE</u>

CALR/ MPL ☐ JAK2 Exon 12 ☐

Indication for test requested:

C) Patient Genetic Consent

The requesting clinician confirms that written consent has been obtained for MPN genetic testing and subsequent storage of DNA samples **Yes** ☐ **No** ☐

The consent form should be kept locally in the patient record and <u>SHOULD NOT</u> be sent to the laboratory with the test request. *REF: HAEMP-LF-003 Beaumont Hospital Haematology Genetic Consent Form.*

Note: if the "YES" box is not ticked the sample will not be processed.

Send specimen and completed form to Haematology Department, Beaumont Hospital, Dublin 9.
Tel: 01-8092703.