



Midlands Integrated Reporting for Haemato-Oncology

An integrated specialist HMDS for the West Midlands region

MIRHO Episode No.	Lab use only (stamp/lab no/test(s) to perform)
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**PATIENT DETAILS:** Please complete **ALL** sections: **Please provide all of the demographic details below; NHS number is essential**

Surname:		Referring Hospital/Ward:
Forename(s):		Requesting Consultant:
Date of birth:	Male <input type="checkbox"/> / Female <input type="checkbox"/>	<b>NHS number:</b>
NHS <input type="checkbox"/> Private <input type="checkbox"/>	Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>	Hospital number:
Previously investigated by MIRHO? Y <input type="checkbox"/> / N <input type="checkbox"/>		Name/contact no. for discussion/results:

**CLINICAL DETAILS:** Please complete **ALL** sections:

Hb:	WBC:	Plts:	Neuts:	Lymphs:	Monos:	Blasts:
Paraprotein M-band:				Suspected diagnosis/clinical details:		
	Y <input type="checkbox"/>	N <input type="checkbox"/>	Don't know <input type="checkbox"/>			
Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Splenomegaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hepatomegaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Status: Presentation <input type="checkbox"/> Follow-up <input type="checkbox"/> Residual disease <input type="checkbox"/> Other (Please specify) .....				<input type="checkbox"/> Please tick here if PNH is suspected.		
Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/>						
Details: .....						

**SPECIMEN DETAILS:** Please complete **ALL** sections: All samples must reach MIRHO reception within 24-48 hrs of collection

<b>Date/time specimen(s) taken:</b>	Signature of person taking sample(s):
High risk specimen(s): Y <input type="checkbox"/> / N <input type="checkbox"/> If yes - attach danger of infection stickers	Trial sample(s) Y <input type="checkbox"/> / N <input type="checkbox"/> Trial name/number .....

TESTS REQUIRED	SAMPLE REQUIREMENTS - Please tick samples being sent	MIRHO use only		
		Rec'd	2 <sup>nd</sup> Check	Split
PNH screen	<input type="checkbox"/> Blood (PB): 5ml in EDTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunophenotyping	<input type="checkbox"/> Blood (PB): 5ml in EDTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Marrow (BM): 2ml in EDTA + BM film x 1 (unstained)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please specify if other sample type: (e.g. CSF, aspirate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clonality studies (TCR <input type="checkbox"/> IgHV <input type="checkbox"/> )	<input type="checkbox"/> Please specify sample type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BM aspirate morphology	<input type="checkbox"/> BM aspirate slides x 5 (unstained)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Please tick if iron stain required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Histology	<input type="checkbox"/> Trephine biopsy	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Other tissue (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	
Genetics. <i>State test and TD code* if known, or whether sample is for storage.</i>  See page 2 for urgent / rapid testing.	Cytogenetics/FISH:			
	<input type="checkbox"/> BM: 2-4ml (more if available) in lithium heparin (or hep transport medium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> PB: 5-10ml in lithium heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Molecular / SNP array:			
	<input type="checkbox"/> BM: 2-4ml in EDTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> PB: 5-10ml in EDTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Contact details</b>	<a href="mailto:mirho.enquiries@nhs.net">mirho.enquiries@nhs.net</a>
<b>Please send samples (exceptions overleaf) to:</b> Clinical Immunology Services 3 <sup>rd</sup> Floor, No.1 Birmingham Health Innovation Campus (BHIC) 2 Bournbrook Way Birmingham B29 6TH	Opening hours: – Monday – Friday 08:30 – 17:30 Tel: 0121 414 4069 <a href="mailto:UoBClin.Imm@uhb.nhs.uk">UoBClin.Imm@uhb.nhs.uk</a>
Histopathology Laboratory Queen Elizabeth Hospital Birmingham	Tel: 0121 371 3326 (or 3314)
Regional Genetics Laboratory Birmingham Women's Hospital <a href="https://bwc.nhs.uk/haematological-cancer">https://bwc.nhs.uk/haematological-cancer</a>	Tel: 0121 335 8036 <a href="mailto:bwc.rglhaemato-oncology@nhs.net">bwc.rglhaemato-oncology@nhs.net</a>



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All routine samples should be delivered to the MIRHO specimen reception within Clinical Immunology Services laboratory.

#### **For samples arriving between 08.30 and 17.30**

- Park in yellow hatched bay before the car park barriers outside the main entrance <https://what3words.com/rugs.perky.jabs>
- Inform reception that samples for Clinical immunology Services & take lifts to level 3
- Press specimen reception button on intercom for the Clinical immunology Services
- Someone will come to the lift area and receive and sign for the sample

#### **For samples arriving out of hours between 17.30 and 08.30**

Park in delivery area located to the left of the building when entering from the Roundabout. <https://what3words.com/rabble.linen.sharp>. Down the steps and turn to left. The CIS out of hours dropbox is just past delivery entrance.

**URGENT** samples **MUST** be discussed with the appropriate laboratory and a contact number provided to allow results to be telephoned.

#### **GENETICS**

**Urgent FISH (suspected APL/new ALL):** send 5mL blood in lithium heparin **DIRECT TO WMRGL**, Birmingham Women's Hospital, Mindelsohn Way, Birmingham **B15 2TG**, including a phone number for results on form. Samples received before 1pm may get a result the same day. Samples received after 1pm will be available the next working day. Samples received Saturday will be available on Monday.

**Rapid AML tests including G-band/FISH/FLT3:** contact [bwc.rglhaemato-oncology@nhs.net](mailto:bwc.rglhaemato-oncology@nhs.net) to advise of new AML diagnoses once confirmed, and where treatment is dependent on genetics. Rapid testing pathways will only be activated following notification.

**Clonality studies:** This assay is carried out by the University Hospitals Southampton genetics laboratory and reported by the Clinical Immunology Service in conjunction with immunophenotyping results.

**WGS:** please refer to specific instructions at <https://bwc.nhs.uk/somatic-cancer-sequencing>

**\*National Genomic Test Directory:** <https://www.england.nhs.uk/publication/national-genomic-test-directories/>

**WMRGL website including Test Information Sheets:** <https://bwc.nhs.uk/haematological-cancer>