NCGM
—by Neuberg—

TEST REQUISITION FORM
PLASMASEQ

Patient Details:

Patient's Name: ..... **Date:** .....

Sex: ☐ Male ☐ Female ☐ Others **DOB:** ☐☐ ☐☐ ☐☐☐☐
DD MM YYYY

Sample Type : Bone Marrow (1st pull of bone marrow preferred)

- ☐ EDTA (Preferred) (4 ml marrow)
- ☐ Sodium Heparin

Peripheral Blood (Only if suspected plasma cell leukaemia)

- ☐ EDTA (Preferred)
- ☐ Sodium Heparin

Contact No: .....

Sample Collection Date: ..... **Sample Collection Time:** .....

Referring Clinician:

Referred by: ..... **Contact No:** .....

Suspected Diagnosis:

- ☐ Smoldering Myeloma
- ☐ Multiple Myeloma
- ☐ Plasma Cell Leukaemia
- ☐ Others

Presenting Complaints / Treatment History :

.....

Bone marrow findings(please share BM report):

Plasma cells percentage in BM aspirate:

Details of other investigations done (CBC/BM/IPT/Cytogenetics/FISH/Molecular/Biochemistry & Serology)

***Please note: The samples must reach the lab within 24 hours of collection**

The patient has approved the test. **Signature of Clinician**

PATIENT CONSENT: I have had the opportunity to ask questions to my healthcare provider regarding this test, including the reliability of test results, the risks and the alternatives prior to giving my informed consent. I have read and understood the above/ have been explained the above in a language of my understanding and permit NCGM to perform the recommended genetic analysis. I understand that a repeat sample may be required in case if the lab results are not reportable due to any reason. I understand that the data derived from my genetic testing may be stored indefinitely as a part of the laboratory database. This data always stored in de-identified form. I understand my de-identified data/ sample may be used for research collaborations as well as scientific presentations and publications.

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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