

AML TRIAL INFO SHEET



Sample Form

PLEASE FILL IN THE RELEVANT FIELDS

AML 18	<input type="checkbox"/>
AML 17	<input type="checkbox"/>
AML LI1	<input type="checkbox"/>

TRIAL NUMBER INITIALS D.O.B. GENDER M/F
(circle as appropriate)

Treatment Stage

Sample Source

Date and time Taken

Peripheral Blood	<input type="text"/>	<input type="text"/> : <input type="text"/> AM/PM
Bone Marrow	<input type="text"/>	<input type="text"/> : <input type="text"/> AM/PM

DD MM YY YY

Contact details:

Comments:

Hospital:

Tel:

Contact person:

Please do not include other patient personal details on the tubes

FOR OFFICE USE ONLY

Date received:

Processed by:

Counts (final): Viability (%):

Peripheral Blood

Nmr vials banked:

Bone Marrow

Mill. Cells/vial:

Date banked:

Sample shared with:

Person /Team	Number of vials	Amount per vial
Molecular Genetics <input type="checkbox"/>		
Other: <input type="checkbox"/>		
Other: <input type="checkbox"/>		
Other: <input type="checkbox"/>		

Comments: