

AML18 TRIAL SAMPLE FORM

FLOW CYTOMETRIC MRD

Hospital _____

Contact person _____ Tel: _____

Patient Initials: _____ Gender: M / F

Date of birth: _____

Trial Number: _____

Sample type

Date

AM / PM

At diagnosis (pre-course 1)

All Patients

(2-4ml bone marrow / 10ml blood in EDTA)

Bone Marrow

____ / ____ / ____ AM / PM

Blood

____ / ____ / ____ AM / PM

On regeneration after course 1

All Patients

(2 -4 ml bone marrow first pull in EDTA)

Bone Marrow

____ / ____ / ____ AM / PM

On regeneration after course 2

Patients on High Risk arm

(2-4 ml bone marrow first pull in EDTA)

Bone Marrow

____ / ____ / ____ AM / PM

Other Treatment Stage

(2-4ml bone marrow first pull in EDTA)

Bone Marrow

____ / ____ / ____ AM / PM

Additional comments on Treatment Stage:

Signature of sender: _____ Date: _____

Print name:

Send to: allocated flow cytometric laboratory

Birmingham

Immunophenotyping (Peter Richardson)
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Bristol

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