NOTIFICATION OF CYTOGENETIC RESULT

Patient's name/initials: ..... Date of birth: ...../...../.....

Sex: ....…..... Hospital: ..... AML17 Trial No.: .....….

Name of centre reporting cytogenetic result: .....

Cytogenetic result (please select one option):

Not performed ☐	Failed ☐	
Normal karyotype ☐	APL ☐	Core binding factor ☐
Intermediate ☐	Adverse ☐	

Date cytogenetics performed: ...../...../.....

Please either attach a copy of the cytogenetic report or complete the details below:

Karyotype

FISH results:

Comments:

Please return the completed Cytogenetics form to the AML17 Trial Office, WCTU, Neuadd Meirionnydd, University Hospital of Wales, Heath Park, Cardiff CF14 4XW