IG / TCR Clonality Analysis and Measurable Residual Disease Detection

Molecular Genetics, Royal North Shore Hospital, Sydney

Sample delivery

Specimen Reception, Level 5 Acute Services Building, Royal North Shore Hospital, St.Leonards NSW 2065

Patient

Surname:

Given name:

Date of Birth (dd/mm/yyyy):

Requesting doctor

Surname:

Given name:

Provider no:

Contact phone number:

Test(s) required

☐ IGH + IGK clonality analysis – Diagnostic investigation **$750**
☐ TCR clonality analysis - Diagnostic investigation **$750**
☐ IGH Minimal residual disease detection **$1550**
☐ TCR Minimal residual disease detection **$1550**

Specimen: Limit of detection is 5% clonal lymphoid cells.

Your reference:

☐ Blood
☐ BM
☐ Fresh tissue location:
☐ FFPE tissue location:
☐ other (not accredited; please specify):

Collection date:

% lymphoid infiltrate by cellularity: _____ %
estimated by
☐ flow cytometry
☐ cell count
☐ microscopy

Anatomical pathology report

☐ Enclosed
☐ To follow Please fax to 02 9926 4078
☐ Not applicable

Payment

☐ Charge to health care facility
☐ Charge to patient

Clinical indication:

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