

Referral form for *IN VITRO*-TESTING for drug resistance and BIOBANKING

Send samples as soon as possible to:

Klinisk kemi och farmakologi
Ingång 61, provlämningen, 2 trappor
Akademiska Sjukhuset
SE-751 85 Uppsala,

Address of sender (unit, hospital, phone no.)

Name of patient and date of birth

Always notify when a sample is going to be sent to:

Fax: +46 (0) 18 51 92 37 *or*

E-mail: cytostatikgruppen@medsci.uu.se *or*

Tel: +46 (0) 18 611 42 56

From:

Physician:.....

Nurse in charge:

Date and time for sampling:.....

Diagnosis

De novo

Relapse

The diagnosis is: confirmed / suspected

White blood cells (WBC) 10⁹/l:.....

Blast cells % in blood

Material for biobanking + ml 0.9% Saline Bone marrow Blood Serum

Material for in vitro test + ml 0.9% Saline Bone marrow Blood

SAMPLE INSTRUCTIONS

Bone marrow:

2 samples in 2 separate tubes

Add 2 ml sterile 0.9% Saline
to each heparinized test tube 7 ml.

Add at least 2 ml bone marrow to each tube.

Note exact amount of Saline added to each tube

Blood:

2 samples in 2 separate tubes

Fill 2 heparinized test tubes 7 ml

Serum:

One sample, 7 ml blood
clot, centrifuge

Arrival date,time.....

Send samples to

Keep at room temperature.
The samples should reach the laboratory
the next day.

Klinisk kemi och farmakologi
Ing. 61, provlämningen, 2 trappor
Akademiska Sjukhuset
SE – 751 85 Uppsala
Sweden

If problems: contact Dr Gudmar Lönnerholm or
Dr Britt_marie Frost at Akademiska Sjukhuset
(operator) +46 (0) 18 611 00 00.

2006-04-20