

# OPTIMAL (Oxford) Bone Marrow Samples Request Form 18

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## PATIENT DETAILS:

Patient Initials:

Site Number  
 0

Trial Number

Trial Number not  
needed at screening

Date of birth:   -   -

Gender:  Male  Female

Hospital:  
Full Name

Consultant:

Samples should be taken and maintained at ambient room temperature and be posted **FIRST CLASS** on the day of venesection or collection together with this form, in the packaging provided to Oxford Radcliffe Biobank (*address above*).

### Samples enclosed:

Bone marrow (EDTA) 5ml

2 unstained slides of bone marrow

Date samples collected   -   -

Date samples sent   -   -

At which one of the following time points in the trial were these samples collected:

Screening

One month follow up

**Please send this form with the accompanying samples to the address above**

Name of Sender: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

For Office Use Only: Date Sample Received

For Office Use Only: Date Sample Processed