

Patient Initials		Date of Birth	Site Number	Trial Number	Sex?	<ul style="list-style-type: none"> • Trial Number not needed at Screening • Please complete in BLOCK CAPITALS 	<ul style="list-style-type: none"> • Do not use abbreviations • Post samples on date of collection to the address below:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M / F		

Patient Name:
Hospital Number:
NHS Number:

Birmingham Clinical Immunology Service,
PO Box 1894,
Vincent Drive,
Edgbaston, Birmingham, B15 2SZ

1. Contact Details - Results from the central immunology analysis will be emailed to the Consultant and Research Nurse named below. These results can only be sent via secure NHS.net email. Please provide an NHS.net email below.

Referring Hospital:		Department Results should be returned to:	
Consultant: <i>(print name)</i>		Consultant email:	@nhs.net Contact Telephone No.
Research Nurse: <i>(print name)</i>		RN email:	@nhs.net Contact Telephone No.

2. Details of Samples Sent - 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 Birmingham Clinical Immunology Service (*address above*).

Please tick which samples are being sent:

<p>Screening / Baseline <i>Date collected</i></p> <p><input type="checkbox"/> BM aspirate (2ml) ▶ <input type="text"/></p> <p><input type="checkbox"/> Blood EDTA (5ml) ▶ <input type="text"/></p> <p><input type="checkbox"/> Blood clotted (10ml) ▶ <input type="text"/></p> <p><input type="checkbox"/> Urine (20ml) ▶ <input type="text"/></p> <p>Is sample from 24 hr. collection?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="text"/></p> <p style="text-align: right;"><i>Total Vol. Collected (ml)</i></p>	<p>During Treatment <i>Date collected</i></p> <p><input type="checkbox"/> Blood EDTA (5ml) ▶ <input type="text"/></p> <p><input type="checkbox"/> Blood Clotted (10ml) ▶ <input type="text"/></p> <p><input type="checkbox"/> Urine (20ml) ▶ <input type="text"/></p> <p>Is sample from 24 hr. collection?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="text"/></p> <p style="text-align: right;"><i>Total Vol. Collected (ml)</i></p> <p>When were samples collected?</p> <p>End of week: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>5</td><td>6</td><td>9</td><td>12</td></tr></table> <input type="checkbox"/> Other please specify: _____</p>	1	2	3	4	5	6	9	12	<p>One Month Follow-Up <i>Date collected</i></p> <p><input type="checkbox"/> BM Aspirate (2ml) ▶ <input type="text"/></p> <p><input type="checkbox"/> Blood EDTA (5ml) ▶ <input type="text"/></p> <p><input type="checkbox"/> Blood clotted (10ml) ▶ <input type="text"/></p> <p><input type="checkbox"/> Urine (20ml) ▶ <input type="text"/></p> <p>Is sample from 24 hr. collection?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="text"/></p> <p style="text-align: right;"><i>Total Vol. Collected (ml)</i></p>
1	2	3	4							
5	6	9	12							

Date samples sent: <input type="text"/>	Name of Sender: _____	Signature: _____	Date: <input type="text"/>
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For Office Use Only: Date Received