

## MOLECULAR ANALYSIS FOR LEUKAEMIA

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**PATIENT INFORMATIONS:**

Patient Name:	Ethnicity: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others; Please specify: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient IC No.:		
Date of Birth:	Hosp/ Ward:	Hosp. Lab No.:
Age :	Type of Specimen:	
Address to send report:		
Tel/ Fax:	Date of Sampling:	Date Sent:

**TEST REQUESTED:**

- ☐ 28 Common Translocations for Leukaemia (28-hemavision)
- ☐ Acute Myeloid Leukaemia Mutation Studies
  - ☐ FLT3
  - ☐ c-KIT
  - ☐ NPM1
  - ☐ CEBPA
- ☐ BCR-ABL1 Kinase Domain Mutation Analysis
  - ☐ p190 transcript
  - ☐ p210 transcript
  - BCR-ABL1 Transcript Level
  - (Quantitative Monitoring): \_\_\_\_\_

**CLINICAL HISTORY:**[illegible]

## CLINICAL DIAGNOSIS

- ☐ Acute Lymphoblastic Leukaemia
- ☐ B-ALL
- ☐ T-ALL
- ☐ Acute Myeloid Leukaemia
- FAB type: \_\_\_\_\_
- ☐ Chronic Myeloid Leukaemia
- ☐ Chronic phase
- ☐ Accelerated phase
- ☐ Blast phase
- ☐ Other diagnosis:
- Please specify: \_\_\_\_\_

## DISEASE STATUS

- ☐ New case
- ☐ Marrow assessment
- ☐ Remission
- ☐ Relapse
- ☐ Post-transplant
- ☐ Suspected resistance

**CURRENT TREATMENT:**

[illegible]

Recent blood count :

- |               |       |            |       |
|---------------|-------|------------|-------|
| - Blast count | _____ | - Hb       | _____ |
| - WBC         | _____ | - Platelet | _____ |

**IMPORTANT CHECKLIST:** Please include with this form:

- ☐ A copy of FBC result of this patient
- ☐ A copy of BMA report of this patient
- ☐ A copy of Immunophenotyping report of this patient

Official stamp of Requesting Doctor:

Name, Signature &amp; Date