IMPERIAL SIHMDS

CHIMERISM PRE-TRANSPLANT request form

Level 2 G-Block
Hammersmith Hospital
Du Cane Road
London
W12 0HS

SPECIMEN RECEPTION HOURS :9am-5pm Monday-Friday

Molecular 020 3313 2179 imperial.moleculardiagnostics@nhs.net

NHS
North West
London Pathology

Laboratory use only

PERSONAL INFORMATION NHS ☐ PRIVATE ☐

SURNAME.....

FORENAME.....

DATE OF BIRTH _____/_____/_____ FEMALE ☐ MALE ☐

Patient address.....

GP.....

HOSPITAL no.....

NHS no.....

REFERRAL INFORMATION

CONSULTANT/STR.....

HOSPITAL.....

MOBILE/BLEEP.....

NHS.NET email.....

INVOICING DETAILS (*if different from referrer*)

PHONE/NHS.NET email.....

FOR DONORS ONLY

RECIPENT NAME..... **RECIPIENT HOSPITAL no**.....

DIAGNOSIS.....

ADDITIONAL CLINICAL INFORMATION.....

SAMPLE INFORMATION

RECIPIENT ☐ **DONOR** ☐

BONE MARROW ☐ **BLOOD** ☐ **MOUTH SWAB** ☐

SAMPLE DATE:____/_____/_____TIME_____:_____

TRANSPLANT INFORMATION

DATE OF TRANSPLANT:_____/____/_____

TYPE OF TRANSPLANT: FULL ☐ **MINI** ☐

DONOR GENDER: FEMALE ☐ **MALE** ☐

PRINT

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