

**Study Request Form for *IDH1* and *IDH2* Mutation
Analysis**

<p>Sample details</p> <p>Patient name:</p> <p>Hospital number:</p> <p>Date of birth: / / Gender F / M</p> <p>Date sample taken: / /</p> <p><input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Bone marrow aspirate <input type="checkbox"/> Extracted DNA <input type="checkbox"/> Frozen cell pellet</p>	<p>Primary destination of report:</p> <p>Name:</p> <p>Hospital:</p> <p>Department:</p> <p>Address:</p> <p>Sender's contact name and phone or e-mail details:</p>
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MOLECULAR TEST(S) REQUIRED:

I would like to request *IDH1* and *IDH2* mutation testing

I confirm this sample is from a patient diagnosed with acute myeloid leukaemia

The requester is responsible for ensuring that the patient has consented for the tests indicated on the form.

Sample requirements:

3-5 mL bone marrow aspirate in EDTA or
5 mL peripheral blood in EDTA or
Extracted DNA minimum concentration 500 ng or
Frozen cell pellet - cell count at least 10⁶