

# Blood Film, Bone Marrow and Sample Referral



Patient details				
Surname			Hospital number	
Forename			NHS number	
Date of birth		Sex	M F	Requesting doctor
GOS hospital number	G -		Contact number	

**Please note there is a cost for this service and an invoice will be issued to the finance department at your hospital**

Referral hospital			
Address for return of results & billing			
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NHS.NET Email Address or Fax Number			

Specimen details			
Date of specimen			
Slides	Specimen type		
	Number of slides	stained	
		unstained	
Samples	Number and type of sample		

Clinical details	

Tests required at Great Ormond Street Hospital				
Blood film / bone marrow morphology report				
Immunophenotyping			Please provide the following results:	
			White Blood Cell Count	x10 <sup>9</sup> /L
			Haemoglobin	g/L
Other			Platelet Count	x10 <sup>9</sup> /L

**Please contact the Haematology Laboratory before sending the sample**  
 0207 405 9200 - ext 5390  
 Out of hours - ext 5390 or bleep 0596

**Address**  
 Haematology Department  
 Level 1  
 Camelia Botnar Laboratories  
 Great Ormond Street Hospital  
 Great Ormond Street  
 WC1N 3JH