

TESTING LABORATORY	SAMPLING
Customer n°: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C / <input type="text"/>	Sampling date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mandatory stamp	Sampling time: <input type="text"/> <input type="text"/> h <input type="text"/> <input type="text"/>
	<input type="checkbox"/> EDTA Whole Blood <input type="checkbox"/> EDTA Bone marrow
	<input type="checkbox"/> Fluids (please contact us beforehand for validation)

PATIENT	PRESCRIBER
NAME	Mandatory Stamp
FIRST NAME	
Maiden name	
Address	
City Country	
Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Email address :

CLINICAL INFORMATION (to be imperatively filled in)
PLEASE SEND US THE RESULTS OF THE LAST BLOOD TEST AND MYELOGRAM (IF PERFORMED)
CLINICAL CONTEXT:
DIAGNOSTIC: <input type="checkbox"/> Hypothesis <input type="checkbox"/> Confirmed diagnosis <input type="checkbox"/> Follow-up <input type="checkbox"/> Relapse
<input type="checkbox"/> MYELOYDYSPLASTIC NEOPLASIA (MDS) <input type="checkbox"/> MYELOPROLIFERATIVE NEOPLASIA / MYELOYDYSPLASTIC NEOPLASIA <input type="checkbox"/> MYELOPROLIFERATIVE NEOPLASIA
History % blasts: <input type="checkbox"/> Chronic myelomonocytic leukemia (CMML) <input type="checkbox"/> CML
<input type="checkbox"/> Other: <input type="checkbox"/> Other:
<input type="checkbox"/> ACUTE LEUKEMIA <input type="checkbox"/> B AND T NON-HODGKIN'S LYMPHOMAS <input type="checkbox"/> PLASMA CELL DYSCRASIA
<input type="checkbox"/> ALL <input type="checkbox"/> B lymphoma Nature and rate of the Monoclonal Peak:
<input type="checkbox"/> AML <input type="checkbox"/> T lymphoma <input type="checkbox"/> MGUS <input type="checkbox"/> Myeloma <input type="checkbox"/> Amyloidosis
<input type="checkbox"/> OTHERS:

CYTOLOGY	CLINICO-BIOLOGICAL CONTEXT
<input type="checkbox"/> MYELOGRAM <input type="checkbox"/> Sternal <input type="checkbox"/> Iliac	
<input type="checkbox"/> CYTOCHEMISTRY <input type="checkbox"/> Perls <input type="checkbox"/> Myeloperoxidase	
<input type="checkbox"/> BLOOD SMEAR EXAMINATION <input type="checkbox"/> Search for Sézary cells	
<input type="checkbox"/> Others:	

CMF = 1 EDTA TUBE PER TEST + SMEAR	NFS RESULTS
<input type="checkbox"/> LYMPHOCYTE IMMUNOPHENOTYPING: <input type="checkbox"/> Bone marrow <input type="checkbox"/> Blood	RESULTS OF CBC COUNT
<input type="checkbox"/> Sézary cells	DATE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> LGL or <input type="checkbox"/> Investigation of SHE/Hypereosinophilia	Hb PBaso
<input type="checkbox"/> B lymphoma follow-up	VGM Lympho
<input type="checkbox"/> ACUTE LEUKAEMIA IMMUNOPHENOTYPING: <input type="checkbox"/> Bone marrow <input type="checkbox"/> Blood	Platelets Mono
<input type="checkbox"/> PLASMA CELL IMMUNOPHENOTYPING: <input type="checkbox"/> Bone marrow <input type="checkbox"/> Blood	GB Myelemia
<input type="checkbox"/> MONOCYTE IMMUNOPHENOTYPING (blood only)	PN Blasts
<input type="checkbox"/> PNH CLONE RESEARCH (blood only)	PNEo Others: