



CONSTITUTIONAL DNA REGISTRATION FORM

(Centrally stored in Leeds or locally stored)

Please take 5mls blood in EDTA and label specimen tubes with full patient name, date of birth and CCLG case no. Bloods MUST be sent with this completed form to Leeds (address below). For locally stored DNA samples only please send this form to the CCLG Coordinating Centre.

Patient Details

Surname (Full) Forename(s) (Full)

Date of Birth / / Sex: Male / Female
dd mm yyyy

Centre Hospital number

Specimen Information

Date specimen taken / / Date of initial diagnosis / /

Diagnosis (DO NOT ABBREVIATE)

One blood sample is required, ideally pre-treatment for solid tumours, but if not possible any other time point when the patient has an adequate lymphocyte count (> 1.0 x 10⁹/l) is sufficient.

Please indicate the time point at which blood specimen was taken:

Pre-treatment (at initial diagnosis) During treatment Post Treatment at relapse
Other Please specify:

Please ensure a CCLG case number is provided below:

Centre No. / CCLG Case No. / Specimen Code

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Locally stored DNA only:
Storage location

Please affix the local contact details for your Centre's tissue bank facilitator.

S/he must assign the CCLG case number and specimen code for **all** banked specimens

Consent

I confirm that consent has been obtained for the CCLG Tissue Bank and that a copy has been retained in the patient's notes.

Signed Date / /

Name (Please print) Position.....

Send completed forms with blood specimens by first class post in the transport packaging provided to:
Andy Sharpe, Regional DNA Laboratory, Ashley Wing, St James's University Hospital, Leeds LS9 7TF.

A copy of this form MUST also be sent to:
Tissue Bank Manager, CCLG Coordinating Centre, University of Leicester, 3rd floor, Hearts of Oak House, 9 Princess Road West, Leicester LE1 6TH