

JAK2 Testing

Mutation Analysis in Myeloproliferative Neoplasms



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Sample requirements

4.5 ml peripheral blood in EDTA

Incomplete forms will result in delay of sample analysis, and possible rejection of samples.

Patient information		Referring clinician	
Surname		Name (print clearly)	
Forename		Hospital	
DOB	Male / Female		
NHS No		Contact Tel	
Postcode		Email	

Sample information	
Date sample taken	
Pathology Sample Ref	

Clinical diagnosis	
V617F/MPL/CALR - Possible Essential Thrombocythaemia (ET) or Primary Myelofibrosis (PM)	<input type="checkbox"/>
V617F/MPL/CALR + Exon 12	<input type="checkbox"/>
V617F Only - Possible Polycythaemia Vera (PV)	<input type="checkbox"/>
V617F + Exon 12	<input type="checkbox"/>

Please select which test is required
No selection will result in NO test being performed

Additional tests (if negative for V617F)	
Exon 12 Only	<input type="checkbox"/>
CAL-R Only	<input type="checkbox"/>
MPL Only	<input type="checkbox"/>

Samples should be sent to:

Haematology Laboratory, 1st floor Leech Building, Medical School, Royal Victoria Infirmary, Queen Victoria Road, Newcastle upon Tyne NE1 4LP

Test result enquiries: 0191 282 4766

Shipping Instructions:

All samples should be appropriately packaged and labelled and sent via Courier or Royal Mail 1st Class Special Delivery.

Enquiries to:

Sample Reception, Northern Genetics Service, Biomedicine East Wing, International Centre for Life, Newcastle upon Tyne, NE1 3BZ

Enquires: 0191 241 8804 / 241 8787 (Opening hours: 8:30am – 5:00pm, Monday to Friday)

For Laboratory use only	
Sample ref:	Sample type