

<p align="center"><b>SAMPLES for the HEMATOLOGY CELL BANK OF BC</b></p>	<p>ADDRESSOGRAPH / PATIENT ID:</p>           <p>Name _____</p> <p>Birthdate (dd/mm/yy) _____</p> <p>Diagnosis: _____</p>
<p align="center"><b>Send to:</b></p> <p align="center"><b>STEM CELL ASSAY LABORATORY</b> TERRY FOX LABORATORY BC CANCER AGENCY <b>675 West 10th Avenue</b> Vancouver, BC, V5Z 1L3</p> <p align="center">Telephone: (604) 675-8000 local 7746 Fax: (604) 675-8146</p>	
<p><input type="checkbox"/> Patient Consented _____ (Initial)</p> <p><input type="checkbox"/> Patient signed Consent to Contact _____ (Initial)</p>	
<p><b>Blood:</b></p> <p><input type="checkbox"/> DX (diagnostic sample) (7 Sodium Heparin, dark green vacutainer tubes)</p> <p><input type="checkbox"/> F/U (follow-up sample) (3 Sodium Heparin, dark green vacutainer tubes)</p> <p><b>Marrow:</b></p> <p><input type="checkbox"/> 5 ml aspirate in SCA BM specimen tube</p>	
<p>Collected By:      Time:      Date:</p>	<p>Comments:</p>

- 1. RETURN THIS REQUISITION WITH SPECIMEN(S) TO THE STEM CELL ASSAY LAB at the ADDRESS ABOVE WITHIN 24 HRS. SPECIMENS SHOULD BE STORED AND SENT AT 4°C.**
- 2. PLEASE ADVISE BY PHONE (604) 675-8000 Local 7746 or FAX (604) 675-8146 when the SPECIMEN HAS BEEN SENT.**
- 3. Please call (604) 675-8000 Local 7746 if you have any queries.**