**Request Form for Asparaginase Activity Monitoring for the ALL Together Trial**

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**(This form is not to be used for non-ALLTogether trial samples)**

Patient Details: Trial ID (CASTOR ID): ………………………………………………………………

Initials: …………………………………………………………………………………

Year of birth: .………………………………………………………………………...

Gender: ..……………………………………………………………………………...

Hospital sending the sample: ……………………………………………………………………………….

Hospital responsible for the patient (primary site enrolled on A2G trial): ……………………………...

Requesting Consultant at primary site: …………………………………………………..........................

Department to send results: …………………………………………………………………………….…..

E mail address to send results: ………………………………………………………………....@nhs.net

Treatment Detail: Source of asparaginase: Oncaspar / Erwinase (**Please Select)**

**Please tick the dose the sample relates to on the dose schedule overleaf**

Date and time of last asparaginase treatment: ……………………………………

Adverse Reaction: Yes / No

If yes, specify if: Allergy / Anaphylaxis

Grade according to CTCAE (see grading schedule) ……..

Date and time sample was drawn: ……………………………………………………………………….

We receive whole blood samples collected in EDTA tubes. It is advised that samples are dispatched as soon as possible after collection. Transport the sample at ambient temperature with the aim of arriving with us within 48 hours of sample draw.



**COMMON TERMINOLOGY CRITERIA FOR ADVERSE EVENTS**

