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| --- | --- |
| **Asparaginase Monitoring Service**  Enzyme Laboratory  Department of Chemical Pathology  Camelia Botnar Laboratories  Great Ormond Street Hospital  London  WC1N 3JH | Telephone: +44 (0)207 405 9200 ext. 1785/6751  Fax: +44 (0)207 829 8624  E-mail: [gos-tr.ENZYME@nhs.net](mailto:gos-tr.ENZYME@nhs.net) |

**Request Form for Asparaginase Activity Monitoring**

**(Not to be used for requests relating to the ALLTogether trial)**

Patient Details: Name: ………………………………………………………………………………….

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

DOB: …………………………………………………………………………………...

Hospital ………………………………………………………………………………..

Department ……………………………………………………………………………

Patient’s Hospital Number:…….…………………………………………………….

Requesting Consultant: ……………………………………………………………………........................

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

Treatment Details: Source of asparaginase: Oncaspar / Erwinase **\*** Delete as necessary

Date and time of last treatment (*before* sample was collected):

……………………………………

Adverse reaction: Yes / No **\*** Delete as necessary

If yes, specify CTCAE grade (see criteria over leaf) …….

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

**Please Note:** We receive whole blood samples collected in SST or EDTA tubes. If unable to courier the sample to our laboratory so that it arrives with us within 24 hours of sample draw, then please centrifuge the sample at 1628 g for 10 minutes and aliquot serum or plasma into an LP3 tube. Securely stopper the tube and courier at ambient temperature to arrive with us within 48 hours of sample draw.

**COMMON TERMINOLOGY CRITERIA FOR ADVERSE EVENTS**

