


REQUEST FORM FOR MULTIPLE MYELOMA AND OTHER RELATED DISORDERS

- (1) Protein Electrophoresis
(2) Molecular Investigation

UNIT OF MOLECULAR DIAGNOSTICS AND PROTEIN
SPECIALISED DIAGNOSTICS CENTRE
INSTITUTE FOR MEDICAL RESEARCH, KUALA LUMPUR
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Patient's name: _____ Date of birth: _____ Age: _____ Sex: _____ Ethnic Group: _____
New IC No: _____ Old IC No: _____ R/N: _____ Occupation: _____ Ward: _____
Hospital: _____ Permanent Address: _____

Clinical Diagnosis:

Pain in the lower back, long bones or ribs	<input type="checkbox"/>	Symptoms of hyperviscosity:	<input type="checkbox"/>	Carpal tunnel syndrome	<input type="checkbox"/>
Generalised malaise	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Lymphocytosis	<input type="checkbox"/>
Infections	<input type="checkbox"/>	Bruising	<input type="checkbox"/>	Lymphadenopathy	<input type="checkbox"/>
Fever	<input type="checkbox"/>	Ischemic neurologic symptoms	<input type="checkbox"/>	Elevated sedimentation rate	<input type="checkbox"/>
Bleeding	<input type="checkbox"/>			No symptoms related to the M protein	<input type="checkbox"/>
Symptoms of hypercalcaemia:		Other neurologic symptoms:		Others (please specify):	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	Peripheral neuropathy	<input type="checkbox"/>	
Fatigue	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>		
Thirst	<input type="checkbox"/>	Nephrotic syndrome	<input type="checkbox"/>		
		Congestive heart failure	<input type="checkbox"/>		

Investigations:

Urea:	<input type="text"/>	Chloride:	<input type="text"/>	Potassium:	<input type="text"/>
Sodium:	<input type="text"/>	Creatinine:	<input type="text"/>	ESR:	<input type="text"/>
Phosphorus:	<input type="text"/>	Uric Acid:	<input type="text"/>	TWBC:	<input type="text"/>
Hb:	<input type="text"/>	Platelets:	<input type="text"/>		
Alkaline phosphatase:	<input type="text"/>	Calcium:	<input type="text"/>		

Type of case:

Date of first presentation at hospital: _____ New case Follow up case

Lab diagnosis:

Class and type:	Therapy/treatment:	Date of admission:
X-ray:	Induction:	Doctor in-charge:
X-ray change:	Maintenance:	Designation:
FBP:	Relapse/re-induction:	Signature:
BM findings:		Date:
Stage:	Type of specimen sent: <i>Blood EDTA/Serum/Urine/CSF</i>	
BM aspirate:	Date of sample collection:	
Test requested: SPE <input type="checkbox"/>	UPE <input type="checkbox"/>	Immunofixation <input type="checkbox"/>
		FLC Quantitation <input type="checkbox"/>
		Cryoglobulin <input type="checkbox"/>

Protein Electrophoresis/ Molecular Investigation Report: (back of page)
Specimen collection:

- For protein electrophoresis test:
 - 5 ml of SERUM in a plain bottle or tube.
 - 25 ml of a 24hr URINE in a screw-capped container and send immediately otherwise store it at 4° C before deliver to our laboratory as soon as possible. If random sample: Early morning sample or same time as the previous sample. URINE MUST BE ACCOMPANIED BY PATIENT'S SERUM.
 - If presence of cryoglobulin is suspected, please contact this Unit for special appointment.
- For molecular diagnostics test, please send at least 2 X 2.5 ml of BLOOD in EDTA tube.