

# CANDID

CANcer DIagnosis Decision rules

## Sample Requisition Form

Practice Name.....

GP/Nurse Name.....

Patient ID

PATIENT GENDER

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F/M

DATE OF BIRTH

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d d m m y y y y

COLLECTION DATE

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d d m m y y y y

COLLECTION TIME

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h h m m

Please tick the relevant box(es)

Either Bloods

- Serum tube I (red)
- Serum tube II (red)
- EDTA tube (lilac)
- RNA (clear)

Yes No

0 0  
0 0  
0 0  
0 0

Or Saliva (only if not willing to give blood sample)

- Saliva sample

0 0

### INSTRUCTIONS

Please collect 4 blood samples from patient and only ask for a saliva sample if patients are not willing to give blood. **Monday – Thursday only**

After collection put the samples in the four tube specisafe packaging, then in the zip-lock bag and then in the mailing envelope, together with

- the PINK consent
- any unused sample materials

Sample Requisition Form

- post to the research team with the *white* consent in the freepost envelope