

Newcastle MRC Centre Biobank for Rare and Neuromuscular Diseases

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Blood Referral Form

Forename

Male

Female

Surname

GC N°

DOB

Complete if sample is part of a study

Study Title

Patient ID

Study Visit

Serum

Plasma

Urine

Blood for
DNA

Other

Time of
Collection

Diagnosis /
Mutation

Relevant
Clinical
Details

Ambulant

Ambulant Long Distances (Wheelchair Use)

Ambulant Short Distances (Wheelchair Use)

Non-Ambulant (Wheelchair Bound)

Consultant

Sample
Obtained by

Consent
Obtained by

Date

Biobank Use Only

Serum ID:

Plasma ID:

Urine ID:

DNA ID:

Date
Frozen:

Date
Frozen:

Date
Frozen:

Date
Frozen:

Storage
Location:

Storage
Location:

Storage
Location:

Storage
Location: