

Blood Collection Kit (BCK) Order Form

Please email completed form to mft.northwest.ctdna@nhs.net

Save completed form for future BCK requests

Hospital name	
ODS code	
Address Line 1	
Address Line 2	
City	
County	
Postcode	
Name (Contact for the delivery at the site)	
Genomic Medicine Service Alliances (GMSA) region	
Number of BCK required	
One BCK per patient (min order 10 BCK)	
Date BCK required by Please allow 3 days for the BCK to arrive	
Completed by (PRINT)	
Date	
<i>Internal Use:</i>	
Approved by (PRINT)	
Sent to portal Date	