

Jessa Ziekenhuis Hasselt

Next generation flow (NGF)



More information?

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Patient selection

- 1

 - Hematologist, Clinical biologist
 - After frontline or second line treatment
 - Only for patients in CR (within 3 months after CR)
 - No age restrictions
 - Sustained MRD can be requested with a timing of min. 6 months after the initial follow up sample
 - Maximum 2 test per year per patient
 - When the result is MRD+, more requests can be done with a maximum of 4 tests per year per patient

Sample extraction

- 2

 - By hematologist/assistant/lab
 - Only on Monday, Tuesday or Wednesday
 - Preferably in the afternoon
 - Must be kept at room temperature
 - Sample fixation on EDTA or heparine
 - Min. 4ml
 - First part of the aspirate must be sent for flow cytometry

Sample shipment

- 3

 - Sample must be analysed **within 24h after** extraction (evening/morning after extraction)
 - Shipment by lab of the referring hospital
 - Announce sample shipment to Jessa Hasselt via email
 - Fill in **request form** and add to packed sample with following information : Name of analysis (NGF MM MRD + patient information (incl. therapy of patient))

Sample transport

- 4

 - Packed individually
 - Standard transport/own transport service- **own resources**
 - Room temperature

Arrival at Jessaziekenhuis

- 5

 - Clinical lab Jessa Ziekenhuis
 - On Monday, Tuesday, Wednesday
 - OR Thursday morning: between 11h30-12h00 at the latest
 - Sample needs to be at the working post at the latest 13h

MRD testing

- 6

 - Max. 24 hours after extraction
 - MRD testing = 2,5 hours
 - Analytics MRD results
 - Possible remarks on sample quality are included on report (eg. Cytose, sample volume, clinical information from sample extraction)

Sharing of MRD results

- 7

 - Via normal channels: fax and mail (similar to other requests)
 - Automatically in KWS
 - Depends on preference clinical biologist of referral hospital
 - Within 14 days, unless communicated otherwise (exceptions)

Related Costs

- 8

 - Transport costs
 - Test falls under normal routine (partial subcontracting)

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NGF MM MRD – MRD request form

Patient identification (fill in or paste a sticker)

Last name:

First name:

Gender:

Date of birth:

Adress :

Social security name:

Social security number:

INSZ/NISS number:

Clinical center:

Responsible clinician (fill in or put a stamp):

Name:

RIZIV number:

Signature :

Date of diagnosis:

Type of MM diagnosis: (IgG, IgK,...) :

Sample specs.

Sample details

Date sample taken : ... / ... / 20...

Time sample taken :

Sample time point

1. Follow up : Date of complete response/ / 20...
Therapy :

2. Follow up (min. 6 months after follow up sample 1)
Therapy :

Other:
Therapy :

Results of analysis to be sent to (Physician, lab, ..)