



Universitätsmedizin Essen
 Universitätsklinikum
 Klinik für Kinderheilkunde III



SAMPLE FORM AML REFERENCE LAB

PROF. DR. MED. DIRK REINHARDT UNIVERSITÄTSKLINIKUM ESSEN PÄD. HÄMATOLOGIE/ONKOLOGIE, IG1, 10. ETAGE AML-BFM REFERENZLABOR, RAUM 10.013 VIRCHOW-STR. 171 45147 ESSEN GERMANY E-MAIL: AML-BFM@uk-essen.de	LABORATORY Morphology/ Sample receipt _____ +49 201/ 723 - 1055 Immunophenotyping _____ - 1054 Moleculargenetics _____ - 1056 Fax _____ - 5591 STUDY OFFICE Tel.: +49 201/ 7494960 Fax: +49 201/ 87775484
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CLINIC/ SENDER (STAMP): Doctor: _____ Telephone: _____	PATIENT (LABEL INCL. HEALTH INSURANCE STATUS): Surname: _____ Firstname: _____ Date of birth: _____ Sex: <input type="checkbox"/> male <input type="checkbox"/> female Health insurance status: _____
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DIAGNOSIS/ QUESTION: _____ ____ ____ 20____		
<input type="checkbox"/> suspected diagnosis	<input type="checkbox"/> initial diagnosis	<input type="checkbox"/> follow up
<input type="checkbox"/> diagnosis	<input type="checkbox"/> 1. relapse	<input type="checkbox"/> 2. relapse
		SCT: <input type="checkbox"/> yes <input type="checkbox"/> no
		Morbus Down: <input type="checkbox"/> yes <input type="checkbox"/> no

LAST TREATMENT _____	starting ____ ____ 20____	until ____ ____ 20____
<input type="checkbox"/> 1. Induction	<input type="checkbox"/> before SCT	Notes regarding therapy: _____ _____ _____
<input type="checkbox"/> 2. Induction	<input type="checkbox"/> after SCT (day ____)	
<input type="checkbox"/> 1. Consolidation		
<input type="checkbox"/> 2. Consolidation		
<input type="checkbox"/> 3. Consolidation	<input type="checkbox"/> 1. Re-Induction	
<input type="checkbox"/> maintenance therapy	<input type="checkbox"/> 2. Re-Induction	

MATERIAL	Bone marrow	Peripheral blood
Date of extraction	____ ____ 20____	____ ____ 20____
Smears (≥ 6)	<input type="checkbox"/>	<input type="checkbox"/>
Liquid biopsy (≥ 10 ml EDTA & Heparin)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LIQUOR (≥ 2 Zytospins): Leucocytes: _____ /µl Erythrocytes: _____ /µl		

BLOOD COUNT			
Hemoglobin _____ g/dl	Leucocytes : _____ /µl	Granulocytes: _____ /µl	Platlates: _____ /µl

!!! Please send patient samples with express courier !!!
Delivery on Saturdays and holidays only after consultation