



## SAMPLE FORM AML REFERENCE LAB

<b>PROF. DR. MED. DIRK REINHARDT</b>	<b>LABORATORY</b>
<b>UNIVERSITÄTSKLINIKUM ESSEN (AÖR)</b>	Morphology/Sample receipt +49 201/ 723 - 1055
<b>HÄMATOLOGISCHES SPEZIALLABOR</b>	Immunophenotyping - 83622
<b>KLINIK FÜR HÄMATOLOGIE UND STAMMZELLTRANSPLANTATION</b>	Moleculargenetics - 1056
<b>STRAHLENKLINIK EG, R.106-134</b>	
<b>HUFELANDSTR. 55</b>	
<b>45147 ESSEN</b>	
<b>GERMANY</b>	<b>STUDY OFFICE</b>
<b>E-MAIL: AML-BFM@uk-essen.de</b>	Tel.: +49 201/ 7494960 Fax: +49 201/ 87775484

<b>CLINIC/ SENDER (STAMP):</b>	<b>PATIENT (LABEL INCL. HEALTH INSURANCE STATUS):</b>
Doctor: _____	Surname: _____
Telephone: _____	Firstname: _____
	Date of birth: _____
	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
	Health insurance status: _____
	Patient-ID: _____

<b>DIAGNOSIS/ QUESTION:</b>	_____   ____   ____   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

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

<b>MATERIAL</b>	<b>Bone marrow</b>	<b>Peripheral blood</b>
Date of extraction	____   ____   20____	____   ____   20____
Smears (≥ 6)	<input type="checkbox"/>	<input type="checkbox"/>
Liquid biopsy (≥ 15 ml EDTA)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>LIQUOR</b> (≥ 2 Cytospins):	Leukocytes: _____ /µl	Erythrocytes: _____ /µl

<b>BLOOD COUNT</b>
Hemoglobin _____ g/dl Leucocytes : _____ /µl Absolute Neutrophiles: _____ /µl Platelets: _____ /µl

**!!! Please send patient samples with express courier !!!**  
**Delivery on Saturdays and holidays only after consultation and to following shipping address:**  
 Prof. Dr. med. Dirk Reinhardt, Universitätsklinikum Essen (AöR), AML-BFM-Referenzlabor, Institutsgebäude 1 (IG1), 10. Etage, R10.013, Virchowstraße 171, 45147 Essen

FO	Änderung	durch	Prüfung	durch	Freigabe	durch	
ID: 320479	14.12.2022	Schneider, Markus	15.12.2022	Mahlow, Ellen	15.12.2022	von Neuhoff, Nils	Rev: 002/12.2022