

<b>Einsender:</b>		<b>Patientendaten:</b>	
<b>Diagnose:</b>		<b>Therapiestand:</b>	
<input type="checkbox"/> CML	<input type="checkbox"/> B-NHL	<input type="checkbox"/> Verdachtsdiagnose	<input type="checkbox"/> peripheres Blut
<input type="checkbox"/> MPN	<input type="checkbox"/> T-NHL	<input type="checkbox"/> Erstdiagnose	<input type="checkbox"/> Knochenmark (KM)
<input type="checkbox"/> MDS	<input type="checkbox"/> B-ALL	<input type="checkbox"/> Remissionskontrolle	<input type="checkbox"/> Liquor
<input type="checkbox"/> AML	<input type="checkbox"/> T-ALL	<input type="checkbox"/> Rezidiv	<input type="checkbox"/> _____
<input type="checkbox"/> B-CLL	<input type="checkbox"/> Plasmozytom/MM	<input type="checkbox"/> Z.n. KMT/PBSCT	
<input type="checkbox"/> _____		<input type="checkbox"/> Z.n. Chemotherapie	

### Untersuchungsanforderung onkologische Begleitdiagnostik

<p><b>CHROMOSOMENANALYSE</b></p> <p><input type="checkbox"/> Mikroskopische Bänderungsanalyse</p> <p><b>FISH / PCR</b></p> <p><b>NHL</b></p> <p><input type="checkbox"/> FISH: Rearrangement/Deletion MLL (11)(q23.3), del(13)(q14.3), del(17)(p13.1)</p> <p><input type="checkbox"/> B-ZR-Rearrangement      <input type="checkbox"/> T-ZR-Rearrangement</p> <p><b>CLL</b></p> <p><input type="checkbox"/> FISH: Deletion ATM (11)(q22.3), del(13)(q14.3), del(13)(q34), del(17)(p13.1), +12</p> <p><b>Multiples Myelom / Plasmozytom</b></p> <p><input type="checkbox"/> FISH: +5, +7, Rearrang./Deletion MLL (11)(q23.3), del(13)(q14.3), del(17)(p13.1), IgH-Rearrang. (14)(q32)</p> <p><b>Mantelzell-Lymphom / B-PLL</b> t(11;14) BCL1/IGH      <input type="checkbox"/> PCR      <input type="checkbox"/> FISH</p> <p><b>Follikuläres Lymphom / DLCL</b> t(14;18) IGH/BCL2      <input type="checkbox"/> PCR      <input type="checkbox"/> FISH</p> <p><b>HES</b>      <input type="checkbox"/> PCR FIP1L1-PDGFR<math>\alpha</math></p> <p><b>syst. Mastozytose</b>      <input type="checkbox"/> PCR c-Kit</p>	<p><b>CML / ALL</b> t(9;22) bcr/abl      <input type="checkbox"/> PCR-qual.      <input type="checkbox"/> PCR-quant.      <input type="checkbox"/> FISH</p> <p><b>MPN / CMPL</b></p> <p><input type="checkbox"/> PCR JAK-2      <input type="checkbox"/> PCR PRV-1</p> <p><input type="checkbox"/> FISH: del(7)(q31)/-7, +8, +9, del(17)(p13.1), del(20)(q12)</p> <p><b>MDS</b></p> <p><input type="checkbox"/> FISH: del(5)(q31)/-5, del(7)(q31)/-7, +8, del(20)(q12)</p> <p><b>AML / CMML</b></p> <p><input type="checkbox"/> FISH: del(5)(q31)/-5, del(7)(q31)/-7, +8, Rearrangement/Deletion MLL (11)(q23.3), del(20)(q12)</p> <p><b>AML</b>      <input type="checkbox"/> PCR FLT3      <input type="checkbox"/> PCR NPM1</p> <p><b>AML-M2</b> t(8;21) ETO/AML1      <input type="checkbox"/> PCR      <input type="checkbox"/> FISH</p> <p><b>AML-M3 / APL</b> t(15;17) PML/RARA      <input type="checkbox"/> PCR      <input type="checkbox"/> FISH</p> <p><b>AML-M4<sub>EO</sub></b> inv(16) MYH11/CBFB      <input type="checkbox"/> PCR      <input type="checkbox"/> FISH</p> <p><b>ALL / prä B-ALL</b>      <input type="checkbox"/> PCR t(1;19) PBX1/E2A</p> <p><b>B-ALL</b>      <input type="checkbox"/> PCR t(4;11) AF4/MLL</p>
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**Sonstiges:**

Entnahmedatum/Uhrzeit:	Unterschrift:
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**Material:**  
**Chromosomenanalyse und FISH-Untersuchungen:** mind. 5ml Heparin-Blut bzw. 3ml Heparin-KM  
**PCR-Untersuchungen:** 3ml EDTA-Blut bzw. 3ml EDTA-KM.