

Physician information:		Patient:	
Diagnosis:		Level of therapy:	
<input type="checkbox"/> CML	<input type="checkbox"/> B-NHL	<input type="checkbox"/> suspected diagnosis	Type of sample:
<input type="checkbox"/> MPN	<input type="checkbox"/> T-NHL	<input type="checkbox"/> initial diagnosis	
<input type="checkbox"/> MDS	<input type="checkbox"/> B-ALL	<input type="checkbox"/> remission control	
<input type="checkbox"/> ANLL	<input type="checkbox"/> T-ALL	<input type="checkbox"/> recurrence	
<input type="checkbox"/> B-CLL	<input type="checkbox"/> Plasmocytoma/MM	<input type="checkbox"/> control after BMT/PBSCT	
<input type="checkbox"/> _____		<input type="checkbox"/> control after chemotherapy	
		<input type="checkbox"/> peripheral blood	
		<input type="checkbox"/> bone marrow	
		<input type="checkbox"/> liquor	
		<input type="checkbox"/> _____	

Request form for oncological laboratory diagnosis

<p>CHROMOSOME ANALYSIS</p> <p><input type="checkbox"/> microscopic banding analysis</p> <p>FISH / PCR</p> <p>NHL</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-Cell Clonality <input type="checkbox"/> T-Cell Clonality</p> <p>CLL</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>Multiple Myeloma / Plasmocytoma</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>Mantle Cell Lymphoma / B-PLL t(11;14) BCL1/IGH <input type="checkbox"/> PCR <input type="checkbox"/> FISH</p> <p>Follicular Lymphoma / DLCL t(14;18) IGH/BCL2 <input type="checkbox"/> PCR <input type="checkbox"/> FISH</p> <p>HES <input type="checkbox"/> PCR FIP1L1-PDGFRα</p> <p>syst. Mastocytosis <input type="checkbox"/> PCR c-Kit</p>	<p>CML / ALL t(9;22) bcr/abl <input type="checkbox"/> PCR-qual. <input type="checkbox"/> PCR-quant. <input type="checkbox"/> FISH</p> <p>MPN / CMPL</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>MDS</p> <p><input type="checkbox"/> FISH: del(5)(q31)/-5, del(7)(q31)/-7, +8, del(20)(q12)</p> <p>ANLL / CMML</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>ANLL <input type="checkbox"/> PCR FLT3 <input type="checkbox"/> PCR NPM1</p> <p>ANLL-M2 t(8;21) ETO/AML1 <input type="checkbox"/> PCR <input type="checkbox"/> FISH</p> <p>ANLL-M3 / APL t(15;17) PML/RARA <input type="checkbox"/> PCR <input type="checkbox"/> FISH</p> <p>ANLL-M4_{EO} inv(16) MYH11/CBFB <input type="checkbox"/> PCR <input type="checkbox"/> FISH</p> <p>ALL / pre B-ALL <input type="checkbox"/> PCR t(1;19) PBX1/E2A</p> <p>B-ALL <input type="checkbox"/> PCR t(4;11) AF4/MLL</p>
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Other clinical comments:

Sampling date / time:	Signature:
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Important for material acquisition:
Chromosome analysis / FISH: at least 5ml heparinized peripheral blood or 3ml heparinized bone marrow
PCR application: 3ml peripheral blood (EDTA) or 3ml bone marrow (EDTA)