



Physician information:

Patient:

Diagnosis:

- CML
- MDS
- MPN
- HES/CEL
- AML
- ALL
- NHL
 - B-CLL
 - B-NHL
 - Plasmocytoma/MM
 - T-NHL
- PNH

Level of therapy:

- initial diagnosis
- remission control
- recurrence
- control after BMT/PBSCT
- control after cytokine therapy
- control after chemotherapy
- _____
- _____
- _____

Type of sample:

- peripheral blood
- bone marrow

Comments:

Request form for immunophenotyping

Blood count:

Leukocytes _____ / μ l
Blasts _____ %
Lymphocytes _____ %
Granulocytes _____ %
Thrombocytes _____ / μ l
Hemoglobin _____ g/dl

- Routine (B-, T-, NK-cells) / Screening hematological disease
 - Lymphoma-Panel
 - ZAP-70
 - AML/MDS/MPN-panel
 - B-ALL-panel
 - T-ALL-panel
 - PNH-panel
 - CD4/CD8 ratio
 - CD-34 (stem cells)
 - Other markers
- _____

Other clinical comments:

Sampling date / time:

Signature:

Important for material acquisition:

For immunophenotypic diagnostics: at least 5ml EDTA-blood or 3ml EDTA bone marrow