

MRD-No:

Institute of Human Genetics
 MRD-Diagnostics
 Dr. R. Köhler
 Im Neuenheimer Feld 366, 4. Floor, Room 426
 D-69120 Heidelberg
 Germany

MRD- Lab. :
 Dr. phil. nat. R. Köhler
 Phone: +49 (0) 6221-56 5159 (Office)
 Phone: +49 (0) 6221-56 5157 (Lab)
 Email: rolf_koehler@med.uni-heidelberg.de

Requisition slip for MRD-Diagnostic

Material from: (Patient) Name/Surname:..... Date of birth:..... Sex: f <input type="checkbox"/> m <input type="checkbox"/> Address:	Sender: Clinic / Department / Physician (Official seal) Clinic: Department..... Physician(<i>Block letters</i>)..... Phone.: Email:
--	--

Clinical Details Diagnosis: Therapy-Study: Blood/BM: <i>Leucocytes</i>/µl Study -No: <input type="checkbox"/> Initial diagnosis <input type="checkbox"/> Follow up <input type="checkbox"/> Relapse Date: Date: Date:..... <input type="checkbox"/> after BMT Immunophenotype: Date: Notes:	<p style="text-align: center;"><u>Fill in by MRD-Lab!</u></p> Eingangsdatum: <input type="checkbox"/> KM <input type="checkbox"/> pB Bemerkungen:.....
---	---

Requisition / Material:	<u>MRD-Diagnostic</u>	
<input type="checkbox"/> Initial Markeridentification and Sensitivity Testing Shipping without cooling via Express	<input type="checkbox"/> Bone marrow sample (10 ml, EDTA) and <input type="checkbox"/> peripheral blood (10 ml, EDTA) (in case of T-ALL)	Collection Date :..... :.....
<input type="checkbox"/> MRD-Follow up analysis Shipping without cooling via Express	<input type="checkbox"/> Bone marrow sample (10 ml, EDTA) <input type="checkbox"/> peripheral blood (10 ml, EDTA) (in case of T-ALL) <input type="checkbox"/> DNA (of a bone marrow sample) [≥10µg]	Collection Date :..... :..... :.....
Attention: Receipt of the sample from Mon-Thur Time 7:30- 18:00 (Fri 7:30 – 15:00) guaranteed!		

Phone/email (further enquiry): 	Name and Signature of the Physician: Note: I declare that the patient has agreed for MRD analysis.
---	--