BIOSCIENTIA INTERNATIONAL

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Health Insurance Company or Cost Unit

Surname, First Name of the Insured Person

Date of Birth

☐ male
☐ female

No. Health Insurance Comp. | Insurance No. | Status

Site No. | Physician No. | Date

Physician Stamp and Signature

Barcode

Interdisciplinary Blood Cancer Diagnostics

Client data

Specimen (immediate shipping at room temperature)

☐ Peripheral Blood (PB) — No. of tubes sent
☐ Bone Marrow (BM)
☐ Slides harvested material (FISH only) — No. of slides sent

Sampling Date | Time

Analysis	Volume	Anticoagulation
☐ Immunophenotyping and microscopy (Please provide 2-4 unstained slides additionally)	2 ml	EDTA
☐ Fluorescence in-situ hybridization (FISH)	2 – 3 ml	Heparin
☐ Chromosome analysis (Cytogenetics)	5 – 7 ml	Heparin
☐ Molecular genetic analysis	2 x 4 ml	EDTA

Indication

☐ Non-Hodgkin's Lymphoma ☐ B-NHL ☐ T-NHL
☐ MGUS/Multiple Myeloma
(For FISH analysis, "magnetic activated cell sorting" (MACS) will be initially performed to isolate CD138+ plasma cells)
☐ Acute Leukemia: ☐ AML ☐ B-ALL ☐ T-ALL
☐ MDS ☐ CML ☐ MPN ☐ PNH (PB only) ☐ Mastocytosis

Clinical Course

Initial diagnosis: _____

☐ Follow up ☐ Relapse

Therapy: _____

Clinical findings, request and therapy (mandatory)

Informed patient consent (for research purposes)

I hereby give consent for fully de-identified leftover material of my specimens to be stored or used for the purposes of research in accordance with the EU General Data Protection Regulation. I have been informed that I can revoke this consent at any time in the future without giving any reasons.

Place, Date | Signature of patient or the patient's legal representative

If you have any questions please do not hesitate to contact us: +49 6132 781-240
A list of our current FISH probes can be found online at genetik.bioscientia.de/en/request-forms/