

Laboratory for Tumorbiology Tel. +43 (0)1-40470-4055, Fax. +43 (0)1-40470-7150

REFERRAL FORM FOR MRD ANALYSIS - SOLID TUMORS

Ship to:
 Labdia Labordiagnostik GmbH
 Department of Tumor Biology

Zimmermannplatz 10
 1090 Vienna
 Austria

Name and Address of Referring Clinic:

Referring Physician:

Date/Signature:

Patient Data:
 Last Name:
 First Name:
 Sex: male female
 Date of birth: Social Security No.:

Report should be send to:
 Address:
 Phone:
 FAX¹::

Patient is in a Clinical Trial: yes no
 Study code: _____ Name of Clinical Trial: _____
 Time point: _____
please specify (e.g. study-entry, during study: phase/cycle/treatment, end of study, follow up, etc.)

Collection date and time:	Type of specimen: <input type="checkbox"/> PB <input type="checkbox"/> BM <input type="checkbox"/> apheresis <input type="checkbox"/> other: _____ If available, your internal labeling/numbering: _____
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Diagnosis:

Analysis requested: GD2 Desmin other: _____

Time elapsed between surgery and processing of tumor in minutes:

Clinical status: newly diagnosed progression relapse regression

Previous therapy: chemotherapy radiation therapy none

Additional remarks:

Sampling instructions:
 Take Bone marrow and peripheral blood samples in EDTA tubes. Mix well immediately after obtaining the sample. Always maintain sterile working conditions! Apheresis products have to be shipped in an appropriate buffer solution. Use second break-and leak-proof container and ship asap at 4-10°C.

Please pack and ship according to international packaging and shipping regulations for biological substances!
¹ I confirm that my fax machine is accessible to authorized personnel only. (Cross out, if not applicable.)
For more information on the diagnostic analyses we offer, go to: www.labdia.at