

REFERRAL FORM PAEDIATRIC SOLID TUMOURS

DEPARTMENT FOR TUMOUR BIOLOGY

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Area for stamps Required patient information (please use label, alternatively blockletters) Last name:		Referring provider (please use stamp, alternatively blockletters) Name/Clinic: Department: City/Country: Phone: Invoice address: Referring provider Patient/Other (declaration of cost coverage)	
First name: Gender: F M Insurance number/Date of birth: Study: Patient Si EUPID: Reason for referral / Indication Suspected diagnosis Initial diagnosis Pewing spreams Reabold	/ dd mm yyyy	Phone: E-Mail:	
During treatment Relapse Remarks: Time sample taken: hh : mm Remarks:			
☐ Primary tumour ☐ Metastasis ☐ Native ☐ Frozen ☐ Touch imprints ☐ Paraffin material (FFPE) ☐ Histology No. ☐ Tumour cell content	PAXgene (to be requested)	Peripheral bloo EDTA PAXgene (to be required) Apheresis production-right ck-left cont-left *Please also provide periphera and after apheresis	Ascites CSF Pleural effusion uct* Other samples
Moleculargenetic and immunocytologic to Neuroblastoma	Rhabdomyosarcoma FOXO1 (FKHR) rearrangement PAX3 (FISH, qPCR) PAX7 (FISH, qPCR) Rare FOXO1 oder PAX3 rearran (Break apart FISH) Genome-wide profile (CN/LO) Bone marrow infiltration / Midisease (MRD) (GD2/CD56 sta	gements	earrangement / fusion with: FISH, qPCR) FISH, qPCR) 5R1 rearrangements (Break apart FISH) rrow infiltration / Minimal residual disease
Nephroblastoma (Wilms-Tumor) 1q gain (FISH) Genome-wide profile (CN/LOH) (SNP-Array)	Other tests	follows	on for now, feedback on desired testing asservation in biobank / for a study: