

Area for Labdia stamps

**Referring provider** (please use **stamp**, alternatively block letters)

Name/Clinic: .....  
Department: .....  
City/Country: .....  
Phone: .....

**Invoice address:**

Referring provider  Patient/Other (declaration of cost coverage)

**Referring clinician**

Name: .....  
Phone: .....  
E-Mail: .....

**Required patient information** (please use **label**, alternatively block letters)

Last name: .....  
First name: .....  
Gender:  F  M Insurance number/Date of birth: ..... / dd mm yyyy  
Study: ..... Patient Study ID: .....  
EUPID: .....

**Reason for referral / Indication**

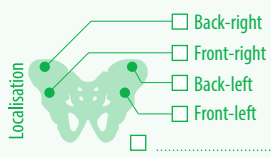
- Suspected diagnosis  Neuroblastoma  Rhabdomyosarcoma  Ewing Sarcoma  
 Initial diagnosis  Nephroblastoma (Wilms-Tumour)  Osteosarcoma  
 Under therapy  
 Relapse

**Remarks:**

**Sample**

Date of sampling: dd mm yyyy  
Time of sampling: hh : mm

**Remarks:**

<input type="checkbox"/> <b>Tissue</b> <input type="checkbox"/> Primary tumor <input type="checkbox"/> Metastasis <input type="checkbox"/> Native <input type="checkbox"/> Frozen <input type="checkbox"/> Touch imprints <input type="checkbox"/> Paraffin material (FFPE) Histology No. _____ Tumor cell content _____ % Localisation / Remarks (e.g. when several tumor pieces are available): ..... ..... .....	<input type="checkbox"/> <b>Bone marrow</b> <input type="checkbox"/> EDTA <input type="checkbox"/> Cytospin slides <input type="checkbox"/> PAXgene (to be requested)  <input type="checkbox"/> Back-right <input type="checkbox"/> Front-right <input type="checkbox"/> Back-left <input type="checkbox"/> Front-left <input type="checkbox"/> .....	<input type="checkbox"/> <b>Peripheral blood</b> <input type="checkbox"/> EDTA <input type="checkbox"/> PAXgene (to be requested) <input type="checkbox"/> ..... <input type="checkbox"/> <b>Apheresis product*</b> <input type="checkbox"/> EDTA <input type="checkbox"/> ..... *Please also provide peripheral blood before and after apheresis	<input type="checkbox"/> <b>Body fluid</b> <input type="checkbox"/> Ascites <input type="checkbox"/> CSF <input type="checkbox"/> Pleural effusion <input type="checkbox"/> <b>Other samples</b> <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> .....
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**Molecular genetic and immunocytologic testing**

<input type="checkbox"/> <b>Neuroblastoma</b> <input type="checkbox"/> MYCN amplification (FISH) <input type="checkbox"/> ALK amplification / rearrangement (Break apart FISH) <input type="checkbox"/> ALK mutations (ddPCR, sequencing) <input type="checkbox"/> Segmental und numerical chromosomal aberrations (SCAs & NCAs) (SNP-Array) <input type="checkbox"/> ..... <input type="checkbox"/> Bone marrow infiltration / Minimal residual disease (MRD) (GD2/CD56 staining)	<input type="checkbox"/> <b>Rhabdomyosarcoma</b> <input type="checkbox"/> FOXO1 (FKHR) rearrangement / fusion with: <input type="checkbox"/> PAX3 (FISH, PCR) <input type="checkbox"/> PAX7 (FISH, PCR) <input type="checkbox"/> Rare FOXO1 oder PAX3 rearrangements (Break apart FISH) <input type="checkbox"/> Genome-wide profile (CN/LOH) (SNP-Array) <input type="checkbox"/> ..... <input type="checkbox"/> Bone marrow infiltration / Minimal residual disease (MRD) (GD2/CD56 staining)	<input type="checkbox"/> <b>Ewing Sarcoma</b> <input type="checkbox"/> EWSR1 rearrangement / fusion with: <input type="checkbox"/> FLI1 (FISH, PCR) <input type="checkbox"/> ERG (FISH, PCR) <input type="checkbox"/> Rare EWSR1 rearrangements (Break apart FISH) <input type="checkbox"/> Genome-wide profile (CN/LOH) (SNP-Array) <input type="checkbox"/> .....
<input type="checkbox"/> <b>Nephroblastoma (Wilms-Tumor)</b> <input type="checkbox"/> 1q gain (FISH) <input type="checkbox"/> Genome-wide profile (CN/LOH) (SNP-Array) <input type="checkbox"/> .....	<input type="checkbox"/> <b>Osteosarcoma</b> <input type="checkbox"/> Genome-wide profile (CN/LOH) (SNP-Array) <input type="checkbox"/> .....	<input type="checkbox"/> <b>Other tests</b> <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> .....