

Area for stamps

Referring provider (please use **stamp**, alternatively blockletters)

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 blockletters)

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 Study timepoint: ☐ Neuroblastoma ☐ Nephroblastoma (Wilms)
☐ Initial diagnosis ☐ Ewing sarcoma ☐ Rhabdomyosarcoma
☐ During treatment ☐ Osteosarcoma ☐ Germ cell tumor
☐ Relapse

Remarks:

Sample

Date sample taken: dd mm yyyy

Time sample taken: hh : mm

Remarks:

☐ **Tissue**

☐ Primary tumour ☐ Metastasis

- ☐ Native
☐ in 0.9 % NaCl-solution
☐ in RPMI Medium

- ☐ Frozen
☐ Touch imprints
☐ Paraffin material (FFPE)

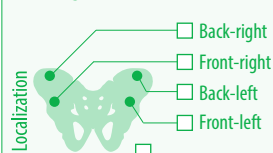
Histology No.

Localization / Remarks (e.g. when several tumour pieces are available):

Tumour cell content %

☐ **Bone marrow**

- ☐ EDTA
☐ Cytospin slides
☐ PAXgene (to be requested)



☐ **Peripheral blood**

- ☐ EDTA
☐ PAXgene (to be requested)
☐

☐ **Apheresis product***

- ☐ EDTA
☐

*Please also provide peripheral blood before and after apheresis

☐ **Body fluid**

- ☐ Ascites
☐ CSF
☐ Pleural effusion

☐ **Other samples**

Every order is placed in accordance with the GTC (AGB) and sample manual.

Moleculargenetic and immunocytologic testing

☐ **Neuroblastoma**

- ☐ MYCN amplification (FISH)
☐ ALK amplification & mutations (FISH, ddPCR, Seq)
☐ Segmental und numerical chromosomal aberrations (SCAs & NCAs) (SNP-Array)
☐
☐ Bone marrow infiltration / Minimal residual disease (MRD)
☐ GD2/CD56 staining
☐ PHOX2B / TH Expression (qPCR)

☐ **Nephroblastoma (Wilms-Tumor)**

- ☐ 1q gain (FISH)
☐ Genome-wide profile (CN/LOH) (SNP-Array)
☐

☐ **Rhabdomyosarcoma**

- ☐ FOXO1 (FKHR) rearrangement / fusion (FISH, qPCR)
☐ Genome-wide profile (CN/LOH) (SNP-Array)
☐
☐ Bone marrow infiltration / Minimal residual disease (MRD)
☐ Desmin staining Tumor immunohistochemically: Desmin ☐ positive ☐ unknown
☐ qPCR: information on the fusion incl. exons:

☐ **Liquid Biopsies**

- ☐ Genepanel (Sequencing) ☐ MONALISA
☐

The primary sample collection manual, genepanel-list and accreditation scope can be found on <https://www.labdia.at>.

☐ **Ewing Sarcoma**

- ☐ EWSR1 rearrangement / fusion (FISH, qPCR)
☐
☐ Bone marrow infiltration / Minimal residual disease (MRD) (qPCR)
information on the fusion incl. exons:

☐ **Other tests**

- ☐
☐

Asservation

- ☐ asservation for now, testing request follows
☐ only for asservation in biobank / for a study:

Study: