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|---|---|
| BiO-ID \|__\|__\|__\|__\|__\|__\|<br><br>Date of birth: \|0\|1\|/\|0\|1\|/\|__\|__\|__\|__\|<br>month year<br><br>Study: _____ Study-ID: \|__\|__\|__\|__\|__\|__\|<br>(if applicable)<br><br>Please tick:<br>Stationär/Inpatient ☐<br><br>Ambulant/Outpatient ☐ § 116b SGB V ☐<br><br>Patient has private health insurance? ☐ Yes ☐ No | **Hannover Medical School**<br>**Department of Hematology, Hemostasis, Oncology and Stem Cell Transplantation**<br>**Prof. Dr. med. Florian Heidel**<br>**Laboratory for Leukemia Diagnostics**<br>Carl-Neuberg Strasse 1<br>Gebäude K5, Ebene 1, Raum 3130<br>30625 Hannover<br>Phone: +49 (0)511-532-3609<br>Fax: +49 (0)511-532-3611<br>E-Mail: hae.leukaemiediagnostik-labor@mh-hannover.de<br><br>**AMLSG Clinical Trials Office (Ulm)**<br>Phone (Mo-Fr): +49 (0)731 500-56072<br>Phone (Weekend): +49 (0)173 349-2447 |

# Material Delivery Shipment Form for: AMLSG-BiO

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|---|---|---|---|
| **Diagnosis (please tick):** | ☐ AML | ☐ Relapse | ☐ MDS/AML (according ICC 2022) |
| **First Material Shipment (please tick):** ☐ | | ☐ Refractory AML | |
| **Time Point (please tick):** | ☐ Diagnosis<br>☐ Screening at study entry | ☐ End of induction therapy (time of documented CR/CRh/CRi) | ☐ End of cycle (optional): _____<br>☐ Follow-Up (optional)<br>☐ Refractory disease / Relapse |
| **Required amount of material:** | ➢ Bone marrow: ≥10ml (molecular) (Na-EDTA)<br>➢ Bone marrow: ≥10ml (cytogenetics) (Na-Heparin)<br>➢ Bone marrow: ≥10ml (flow cytometry ->Ulm)* (Na-Heparin)<br>➢ Blood: 20-40 ml (molecular) (Na-EDTA)<br>➢ Blood: 5 ml serum<br>➢ Blood: 20-40 ml (cytogenetics) (Na-Heparin) | ➢ Bone marrow: ≥10ml (molecular) (Na- EDTA)<br>➢ Blood: 20-40 ml (molecular) (Na-EDTA) | ➢ Bone marrow: ≥10ml (molecular) (Na- EDTA)<br>➢ Blood: 20-40 ml (molecular) (Na-EDTA)<br>In case of relapse:<br>➢ Bone marrow: ≥10ml (cytogenetics) (Na-Heparin)<br>➢ Blood: 20-40 ml (cytogenetics) (Na-Heparin) |
| | *Please note: If your site is activated for and the patient is eligible for one of the following trials: AMLSG 31-19, AMLSG 34-23, AMLSG 35-24 or AMLSG 37-25, please send ≥10ml bone marrow for flow cytometry (LAIP) to the central lab in Ulm | | |
| **Date of Sampling:** | | | |
| **Blood Count:**<br>**Please fill out!!!** | _____ G/l Leucocytes<br>_____ G/l Thrombocytes | _____% Lymphocytes<br>_____mg/dl Hemoglobin | _____% Blasts (mandatory)<br>_____% Neutrophiles |

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|---|---|
| Site: .....<br><br>Requesting Physician: .....<br><br>Tel: .....<br><br>Fax: .....<br><br>**Date:** **Signature:** | **Comment:** |