

BiO-ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Hannover Medical School</b> <b>Department of Hematology, Hemostasis, Oncology and Stem Cell Transplantation</b> <b>Prof. Dr. med. A. Ganser</b> <b>Laboratory for Leukemia Diagnostics</b> Carl-Neuberg Strasse 1 Gebäude K5, Ebene 1, Raum 3130 30625 Hannover Phone: +49 (0)511-532-3609 Fax: +49 (0)511-532-3611 E-Mail: <a href="mailto:hae.leukaemiediagnostik-labor@mh-hannover.de">hae.leukaemiediagnostik-labor@mh-hannover.de</a>  <b>AMLSG Clinical Trials Office (Ulm)</b> Phone (Mo-Fr): +49 (0)731 500-56072 Phone (Weekend): +49 (0)173 349-2447
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small style="margin-left: 100px;">month</small> <small style="margin-left: 100px;">year</small>	
Study: _____ Study-ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Please tick: Stationär/Inpatient <input type="checkbox"/>	
Ambulant/Outpatient <input type="checkbox"/> § 116b SGB V <input type="checkbox"/>	
Patient has private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Material Delivery Shipment Form for: AMLSG-BiO

<b>Diagnosis (please tick):</b>	<input type="checkbox"/> AML	<input type="checkbox"/> Relapse	<input type="checkbox"/> High-risk MDS
<b>First Material Shipment (please tick):</b> <input type="checkbox"/>	<input type="checkbox"/> Refractory AML		
<b>Time Point (please tick):</b>	<input type="checkbox"/> Diagnosis <input type="checkbox"/> Screening at study entry	<input type="checkbox"/> End of induction therapy	<input type="checkbox"/> End of cycle: _____ <input type="checkbox"/> Follow-Up <input type="checkbox"/> Relapse
<b>Required amount of material:</b>	<ul style="list-style-type: none"> <li>➤ Bone marrow: ≥10ml (molecular) (Na-EDTA)</li> <li>➤ Bone marrow: ≥10ml (cytogenetics) (Na-Heparin)</li> <li>➤ Bone marrow: ≥10ml (flow cytometry -&gt;Ulm)* (Na-Heparin)</li> <li>➤ Blood: 20-40 ml (molecular) (Na-EDTA)</li> <li>➤ Blood: 20-40 ml (cytogenetics) (Na-Heparin)</li> <li>➤ each of 2 unstained bone marrow and blood smears</li> </ul>	<ul style="list-style-type: none"> <li>➤ Bone marrow: ≥10ml (molecular) (Na- EDTA)</li> <li>➤ Blood: 20-40 ml (molecular) (Na-EDTA)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Bone marrow: ≥10ml (molecular) (Na- EDTA)</li> <li>➤ Blood: 20-40 ml (molecular) (Na-EDTA)</li> <li>In case of relapse:</li> <li>➤ Bone marrow: ≥10ml (cytogenetics) (Na-Heparin)</li> <li>➤ Blood: 20-40 ml (cytogenetics) (Na-Heparin)</li> </ul>
*Please note: If the patient is eligible for intensive chemotherapy and your site is activated for AMLSG 28-18, AMLSG 29-18, AMLSG 30-18 or AMLSG 31-19, please send ≥10ml bone marrow for flow cytometry (LAIP) to the central lab in Ulm			
<b>Date of Sampling:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Blood Count: Please fill out!!!</b>	<input type="text"/> G/l Leucocytes	<input type="text"/> % Lymphocytes	<input type="text"/> % Blasts (mandatory)
	<input type="text"/> G/l Thrombocytes	<input type="text"/> mg/dl Hemoglobin	<input type="text"/> % Neutrophiles
Site: ..... Requesting Physician: ..... Tel: ..... Fax: ..... Date:	<b>Signature:</b> _____ <b>Comment:</b>		