

BiO-ID <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/>	Hannover Medical School Department of Hematology, Hemostasis, Oncology and Stem Cell Transplantation Univ.-Prof. Dr. med. Florian Heidel Laboratory for Leukemia Diagnostics 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: hae.leukaemiediagnostik-labor@mh-hannover.de AMLSG Clinical Trials Office (Ulm) Phone (Mo-Fr): +49 (0)731 500-56072 Phone (Weekend): +49 (0)173 349-2447
Date of birth: <input style="width:40px" type="text"/> / <input style="width:40px" type="text"/> / <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <small>month year</small>	
Study: _____ Study-ID: <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <input style="width:40px" type="text"/> <small>(if applicable)</small>	
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

Diagnosis (please tick):	<input type="checkbox"/> AML	<input type="checkbox"/> Relapse	<input type="checkbox"/> High-risk MDS
First Material Shipment (please tick):	<input type="checkbox"/>	<input type="checkbox"/> Refractory AML	
Time Point (please tick):	<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
Required amount of material:	<ul style="list-style-type: none"> ➢ Bone marrow: ≥10ml (molecular) (Na-EDTA) ➢ Bone marrow: ≥10ml (cytogenetics) (Na-Heparin) ➢ Bone marrow: ≥10ml (flow cytometry ->Ulm)* (Na-Heparin) ➢ Blood: 20-40 ml (molecular) (Na-EDTA) ➢ Blood: 20-40 ml (cytogenetics) (Na-Heparin) ➢ each of 2 unstained bone marrow and blood smears 	<ul style="list-style-type: none"> ➢ Bone marrow: ≥10ml (molecular) (Na-EDTA) ➢ Blood: 20-40 ml (molecular) (Na-EDTA) 	<ul style="list-style-type: none"> ➢ Bone marrow: ≥10ml (molecular) (Na-EDTA) ➢ Blood: 20-40 ml (molecular) (Na-EDTA) In case of relapse: ➢ Bone marrow: ≥10ml (cytogenetics) (Na-Heparin) ➢ Blood: 20-40 ml (cytogenetics) (Na-Heparin)
*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			
Date of Sampling:	_____		_____
Blood Count: Please fill out!!!	_____ G/l Leucocytes	_____ % Lymphocytes	_____ % Blasts (mandatory)
	_____ G/l Thrombocytes	_____ mg/dl Hemoglobin	_____ % Neutrophiles
Site: Requesting Physician: Tel: Fax: Date:	Signature: _____ Comment:		