BiO-ID |__|__|__|__|__|__| Date of birth: |0|1|/|__|__|/|__|__|__|__| month year Study: _____ Study-ID: |__|__|__|__|__|__| (if applicable) Please tick: Inpatient ☐ Outpatient ☐ Patient has private health insurance? ☐ Yes ☐ No	**Hannover Medical School** **Department of Hematology, Hemostasis, Oncology and Stem Cell Transplantation** **Prof. Dr. med. A. Ganser** **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: horter.silvia@mh-hannover.de

Material Delivery Shipment Form for: AMLSG-BiO, AMLSG 21-13 and AMLSG 09-09

(available at: https://www.amlsg.de)

Diagnosis:	AML ☐	Relapse ☐	High-risk MDS ☐
First Material Shipment:	☐	Refractory AML ☐	
Time Point:	○ Diagnosis ○ Screening (at study entry)	○ End of induction therapy	○ End of cycle:_____ ○ Follow-Up ○ Relapse
Material:	○ Bone marrow: ≥10ml (molecular) (Na-Heparin) ○ Bone marrow: ≥10ml (flow cytometry)* (Na-Heparin) ○ Blood: 20-40 ml (Na-Heparin) ○ Blood: 10 ml (EDTA) ○ each of 2 unstained bone marrow and blood smears	○ Bone marrow: ≥10ml (molecular) (Na-Heparin) ○ Bone marrow: ≥10ml (flow cytometry) (Na-Heparin) ○ Blood: 20-40 ml (Na-Heparin) ○ Blood: 10 ml (EDTA)	○ Bone marrow: ≥10ml (molecular) (Na-Heparin) ○ Bone marrow: ≥10ml (flow cytometry) (Na-Heparin) ○ Blood: 20-40 ml (Na-Heparin) ○ Blood: 10 ml (EDTA)
	*Please note: If the patient is eligible for intensive chemotherapy and your site is activated for AMLSG 28-18, AMLSG 29-18 or AMLSG 30-18, please send ≥10ml bone marrow for flow cytometry to the central lab in Ulm		
Date of Sampling:	_____	_____	_____
Blood Count: **Please fill out!!!**	_____ G/l leucocytes _____ G/l thrombocytes	_____% lymphocytes _____mg/dl hemoglobin	_____% blasts _____% neutrophiles
Comment:			

Site: .....

Requesting Physician: .....

Tel: .....

Fax: .....

Date: **Signature:**