

**Shipment to:**

Kinderspital Zürich  
Laborzentrum für Hämatologie  
Steinwiesstrasse 75  
CH-8032 Zürich

**Contact:**

Morphology: 044 266 7599  
Immunophenotyping / FCM-MRD: 044 266 3110  
PCR-MRD: 044 266 7574  
Cytogenetics: 044 266 7849

### Laboratory Shipment Form for Leukemia

Patient:	Sender:
Name:	Address:
First name:	
Date of birth:	
	Treating physician:
	Phone:
	Collection date:

Diagnosis (suspected diagnosis):

Therapy protocol:

- AIEOP-BFM ALL 2009  
 IntReALL 2010 SR / ALL-Relapse  
 AML/ AML-Relapse  
 Others:

Initial diagnosis, date:

- Under treatment: Yes  No   
 Pretreatment: Transfusions  Neupogen   
 Therapy timepoint:

Diagnosics / Follow-Up diagnostics (s. following pages, please enclose required pages):

Laboratory values: please enclose copy of lab report

Leucocytes	_____	G/L	Liquor cell count:		
Erythrocytes	_____	T/L	Nucleated celles	_____	/µL
Hemoglobin	_____	g/L	Erythrocytes LQ	_____	/µL
Thrombocytes	_____	G/L	Macrosc. contaminated with blood?	Yes <input type="radio"/>	No <input type="radio"/>

Material:

- Blood smears (6 unstained)  
 Bone marrow smears (6-8 unstained)  
 ►Puncture site: \_\_\_\_\_  
 Heparin-bone marrow (ideally 3x 5ml in tubes without beads and gel, if possible please perform puncture at 2 sites in the bone through the same puncture site in the skin)  
 Liquor (2 cytopspins unstained)  
 EDTA-blood (if not sufficient bone marrow is available)  
 other: \_\_\_\_\_

**Accompanying note AIEOP-BFM 2009:**

AIEOP-BFM ALL 2009		Cyto- morphology	Immunopheno- typing / FCM- MRD	PCR-MRD / Molecular- genetics	Cytogenetics
<input type="checkbox"/>	<b>Initial</b>	Smears (BM+blood) / Liquor-Cytospin	Heparin-BM	Heparin-BM	Heparin-BM
<input type="checkbox"/>	<b>Day 8</b>	Blood smears			
<input type="checkbox"/>	<b>Day 15</b>	BM-smears	Heparin-BM	Heparin-BM	
<input type="checkbox"/>	<b>Day 33</b>	BM-smears		Heparin-BM	
<b>Non-HR</b>					
<input type="checkbox"/>	<b>Before Prot. M (Week 12)</b>	BM-smears		Heparin-BM	
<input type="checkbox"/>	<b>Before Prot. II</b>	BM-smears		Heparin-BM *	
<b>HR</b>					
<input type="checkbox"/>	<b>Before HR-Block</b>	BM-smears		Heparin-BM	
<input type="checkbox"/>	<b>Before Prot. III</b>	BM-smears		Heparin-BM	
<input type="checkbox"/>	<b>Before SCT</b>	BM-smears		Heparin-BM	
<input type="checkbox"/>	<b>In maintenance therapy</b>				
<input type="checkbox"/>	<b>Other timepoint:</b>	*	*	*	*

\* only asservation, if nothing else requested!

Accompanying note IntReALL SR 2010 (a) / Epratuzumab PD (b)

(a)

IntReALL SR		Cyto-morphology	FCM-MRD/PCR-MRD	Cytogenetics
<input type="checkbox"/>	Relapse diagnosis	Smears (BM/Blood) / Liquor Cytospin	Heparin-BM	Heparin-BM
<input type="checkbox"/>	Week 3 (Arm A/B)	BM-smears	Heparin-BM	
<input type="checkbox"/>	Week 5 (Arm A)	BM-smears	Heparin-BM	
<input type="checkbox"/>	Week 6 (Arm B)	BM-smears	Heparin-BM	
<input type="checkbox"/>	Week 9 (Arm A)	BM-smears	Heparin-BM	
<input type="checkbox"/>	Week 10 (Arm B)	BM-smears	Heparin-BM	
<input type="checkbox"/>	Week 13 (Arm A/B)	BM-smears	Heparin-BM	
<input type="checkbox"/>	Week 15 (Arm B)	BM-smears	Heparin-BM	
<input type="checkbox"/>	Week 16 (Arm A)	BM-smears	Heparin-BM	
<input type="checkbox"/>	After SCT	BM-smears	Heparin-BM	
<input type="checkbox"/>	Other timepoint:	*	*	*

(b)

IntReALL SR 2010 Epratuzumab PD (CD22) * 3ml Heparin-Blood Timepoint:		SR-A	SR-B
<input type="checkbox"/>	Week 5	X	
<input type="checkbox"/>	Week 6		X
<input type="checkbox"/>	Week 7	X	
<input type="checkbox"/>	Week 8		X
<input type="checkbox"/>	Week 9	X	
<input type="checkbox"/>	Week 10		X
<input type="checkbox"/>	Week 11	X	
<input type="checkbox"/>	Week 12		X
<input type="checkbox"/>	Week 13	X	
<input type="checkbox"/>	Week 14		X
<input type="checkbox"/>	Week 15	X	
<input type="checkbox"/>	Week 16		X
<input type="checkbox"/>	Week 17	X	
<input type="checkbox"/>	Week 18		X
<input type="checkbox"/>	Week 23	X	
<input type="checkbox"/>	Week 24		X
<input type="checkbox"/>	Week 29	X	
<input type="checkbox"/>	Week 30		X

\*Please note: At all CD22-measurement timepoints IgG-levels have to be determined locally.

### Accompanying note ALL-REZ

ALL-Relapse		Cyto-morphology	FCM-MRD PCR-MRD	Cytogenetics
<input type="checkbox"/>	<b>Relapse diagnosis</b>	Smears (BM/Blood) / Liquor Cytospin	Heparin-BM	Heparin-BM
<input type="checkbox"/>	<b>Before F2</b>	BM-smears	Heparin-BM	
<input type="checkbox"/>	<b>Before Prot II-Ida</b>	BM-smears	Heparin-BM	
<input type="checkbox"/>	<b>Day 15 (Prot II-IDA)</b>	BM-smears	Heparin-BM	
<input type="checkbox"/>	<b>Day 29 (Prot II-IDA)</b>	BM-smears	Heparin-BM	
<input type="checkbox"/>	<b>Before R1</b>	BM-smears	Heparin-BM	
<input type="checkbox"/>	<b>Before R2</b>	BM-smears	Heparin-BM	
<input type="checkbox"/>	<b>Before maintenance therapy</b>	BM-smears	Heparin-BM	
<input type="checkbox"/>	<b>After maintenance therapy</b>	BM-smears	Heparin-BM	
<input type="checkbox"/>	<b>Before SCT</b>	BM-smears	Heparin-BM	
<input type="checkbox"/>	<b>Other timepoint:</b>	*	*	*

### Accompanying note AML

AML		Cyto-morphology	Immunopheno- typing	Cytogenetics/ molecular genetics
<input type="checkbox"/>	Initial	BM-smears Bloodsmears Liquor-Cytospin	Heparin-BM	Heparin-BM
<input type="checkbox"/>	Day 15	BM-smears		
<input type="checkbox"/>	Day 21-28	BM-smears		
<input type="checkbox"/> SR <input type="checkbox"/> HR <input type="checkbox"/> FAB M3 <input type="checkbox"/> with Down Syndrom				
<input type="checkbox"/>	Induction	BM-smears		
<input type="checkbox"/>	HAM	BM-smears		
<input type="checkbox"/>	AI / 2-CDA	BM-smears		
<input type="checkbox"/>	haM	BM-smears		
<input type="checkbox"/>	Before HAE	BM-smears		
<input type="checkbox"/>	In maintenance therapy			
<input type="checkbox"/>	Other timepoint:			