

**Zentrum für Pädiatrische Labormedizin (ZPL)
Zentrale Probenannahme**

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email: onkologie.labor@kispi.uzh.ch

www.kispi.uzh.ch/onkologie-labor

Patient:

(Name, First name, Gender, dob., Address)

Referral form for oncogenetic investigations

Sender:	Responsible physician:	Invoice to:
		<input type="checkbox"/> Sender <input type="checkbox"/> Patient (Address) <input type="checkbox"/> Insurance
	(Tel. number for inquiries)	(Name, Insurance No.)
.....	

Material

Sampling date

☐ **Heparin bone marrow** (..... % neoplastic cells)
 ☐ **Heparin-blood** (..... % neoplastic cells)

☐ **Biopsy** (specify tissue type)

☐ **BM smears / Touch preparations / Cytospins / Frozen sections / Paraffin sections** (circle)

☐ **Others** (specify)

Diagnosis

First diagnosis on	Relapse on
<input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Relapse <input type="checkbox"/> Follow up	
<input type="checkbox"/> AML <input type="checkbox"/> MPN <input type="checkbox"/> MDS <input type="checkbox"/> MDS/ <input type="checkbox"/> CMML/JMML	
<input type="checkbox"/> B-ALL <input type="checkbox"/> T-ALL <input type="checkbox"/> MPN MM/MGUS/PC (circle)(<input type="checkbox"/> IgM) <input type="checkbox"/> MW/LPL	
<input type="checkbox"/> CLL/SLL <input type="checkbox"/> Lymphoma (specify) <input type="checkbox"/> Others (specify)	
<input type="checkbox"/> Under therapy (Therapy time point for MRD request)	
<input type="checkbox"/> After therapy <input type="checkbox"/> Transplantation (Date gender of the donor <input type="checkbox"/> ♂ / <input type="checkbox"/> ♀)	
<input type="checkbox"/> Clinical trial	

Test requested

Cytogenetics	<input type="checkbox"/> Chromosome analysis <input type="checkbox"/> aCGH <input type="checkbox"/> FISH
Molecular biology	<input type="checkbox"/> MRD analysis <input type="checkbox"/> Mutation analysis (specify) <input type="checkbox"/> Fusion transcripts (specify)
Storage	<input type="checkbox"/> Cytogenetics <input type="checkbox"/> Molecular biology
Biobank (Intern)	<input type="checkbox"/> Peripheral blood (3x patient labels)

Comments

Please enclose the signed informed consent form!

Informed consent form

For genetic analysis and storage of the material

According to your treating physician, you are suspected of having a neoplastic disease. To clarify this suspicion, peripheral blood, bone marrow or another tissue was taken from you and sent to the oncology laboratory of the University Children's Hospital Zurich for a more detailed analysis. From this material, chromosomes are analyzed and/or nucleic acids are extracted and examined for acquired genetic alterations depending on the investigations that are necessary in your case. The necessity of a genetic test might not be certain in your case, and the material is referred only for storage. No analysis will be performed unless requested subsequently by your physician. In order to be able to check the results if necessary, excess material is stored. The duration of storage depends on the available space capacity. This material can also be important in developmental work and quality assurance in the field of tumor diagnostics and could therefore be used for these purposes. In the case of such investigations your data would be used only in an anonymized form.

I consent to the use of excess material and the above privacy policy. Be aware that your decision will in no way affect the nature and quality of the medical treatment you receive.

Yes ☐ / No ☐

Place, Date:

Signature:

.....

.....

Please enclose the signed informed consent form!

Registration of the material

We kindly ask you to register any material that arrives on Fridays or Saturdays!

Registration of the material, which arrives Monday through Thursday, is optional.

Shipping

The material should be sent to arrive in the laboratory either on the same as the sampling or the following day. Material older than 24 hours is still processed, but normal results are not necessarily representative.

Since lymphoma cells die very quickly ex vivo, the material should be sent by courier or express service in case of suspected NHL.

Material

Bone marrow 2-10 ml (Na/Li-Heparin, tube without beads or gel)

Peripheral blood 5-10ml (Na/Li-Heparin, tube without beads or gel)

Liquor Perform sampling with TransFix/EDTA

Lymph nodes and solid tumors

Material for cytogenetic analysis should be sent in sterile transport medium, e.g. F10 or RPMI1640. If no transport medium is available, sterile 0.9% NaCl can also be used for shipping.

Frozen sections and paraffin sections can only be examined with FISH (4µm section) or molecular analyses (10µm section rolls). Blocks cannot be used. For the number of sections, please contact our laboratory.

Material stored in RNAlater can only be used for molecular analyses.

Others

If a tumor infiltration is suspected, genetic analysis may also be performed from the punctured fluid.

Subsequent testing request

If material was referred for storage for cytogenetics or molecular genetics, a subsequent testing request can be placed via our Lab homepage „www.kispi.uzh.ch/onkologielabor“.