

Request Form
BCR-ABL-Diagnostic



Kooperationsgemeinschaft

Molekulare Labordiagnostik

Praxisklinik Ruffert und Oncoscreen GmbH, Jena

General Comments

- **Very important:** The sample should be delivered within **24 hours**. Material acceptance: Monday through Friday
- **10 ml of EDTA-Blood** are required (forwarding the sample in a padded envelope through the post is possible but using an overnight carrier is recommended)
- Please send this **request form** and the **additional questionnaire** (optional, but important to give you a comprehensive interpretation of the test result) together with the **uncooled blood sample** to the following address using an overnight carrier:

Oncoscreen GmbH
Wildenbruchstr. 15
07745 Jena
Germany

If you have any questions please call ++49 -3641 - 67 52 53 or write to: diagnostik@oncoscreen.com

Doctor in attendance (for the purposes of our reply only)

.....
Name (in block capitals)

.....
Telephon

Address (Stamp legibly please)

Specification of the patient

Name:

Surname:

Date of Birth:

Sex: female male

Previous molecular biological BCR-ABL-Diagnosis of the patient

- Is not available
- Was carried out at the Kooperationsgemeinschaft Dr. Ruffert & Oncoscreen in Jena
- Was carried out in another laboratory

alternatively
attach your patients label here

Type of the BCR-ABL-transcripts is available (e.g. b2a2)?

no yes, type:

Blood sample (important information):

Date of blood sampling: ____ . ____ . 20__

Time: _____

Payment by (please include adress)

.....
Place, Date
physician

.....
signature and/or stamp of

