

**Request Form  
Exon 14 Skipping Diagnostic  
(5-FU-Toxicity)**



**General Comments**

- **2 ml EDTA-Blut** are required (forwarding the sample in a padded envelope through the post is possible, using an overnight carrier is recommended)
- Please send this request form together with the uncooled blood sample to the following address using an overnight carrier:

**Oncoscreen GmbH  
Wildenbruchstr. 15  
07745 Jena  
Germany**

If you have questions please call +49 3641 67 52 53 or write to: [diagnostik@oncoscreen.com](mailto:diagnostik@oncoscreen.com)

**Doctor in attendance** (for the purpose of our reply only)

.....  
Name (in block capitals)

.....  
Telefon

.....  
Address (stamp legible please)

**Patient:**

Name:

Surname:

Date of Birth:

Sex:  female  male

**Previous treatment with 5-FU (details optional)**

- Unknown
- Patient has previously not been treated with 5-FU
- Patient has tolerated 5-FU well so far
- 5-FU has caused toxicity of WHO-degree 1-2
- 5-FU has caused toxicity of WHO-degree 3-4

alternatively:

attach your patients label here

**Blood sample:**

Date of blood sampling: \_\_\_\_ . \_\_\_\_ . 20\_\_

Time: \_\_\_\_\_

**Payment by (please include address)**

.....  
*Place, Date*

.....  
*Signature and/or stamp of physician*