Request Form
PRV-1 Diagnostic
(Quantitative Analysis of the PRV-1 Expression)

oncoscreen
Gesellschaft zur Nutzung molekularbiologischer Technologien mbH

General Comments

The **PRV-1 expression analysis** is carried out from granulocytes. These cells have a very short life time, especially if these cells are cooled by the environment. Therefore, please follow these recommendations:

- **Very important:** The blood sample should be delivered within **24 hours without cooling**. Material acceptance: Monday through Friday
- **40 ml of EDTA blood** are required.
- 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

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: O female O male

alternatively:

attach your patients label here

Tentative Diagnosis
O Polycythemia Vera
O Essential Thrombocythemia
O others: _____

Blood sample (important information):
Date of blood sampling: ___ . ___ . 20__ Time: _____

Payment by (please include address)

.....	.....
Place, Date	*Signature and/or stamp of physician*