

# LBL 2018

**Shipping  
Address:**

Universitätsklinikum Münster  
ZMBE  
NHL-Studiengruppe  
z.Hd. Gerrit Randau  
Von-Esmarch-Str. 56  
48149 Münster

**Contact in  
case of  
questions**

University Hospital Münster  
Pediatric Hematology and Oncology  
Univ.-Prof. Dr. med. Birgit Burkhardt  
Gerrit Randau  
Tel: +49(0)251 83 53092  
E-Mail: LBL2018@ukmuenster.de

## SHIPMENT FORM FOR MOLECULAR ANALYSIS for international sample shipment only!

Please note: before sending sample material, the informed consent for study participation must be signed by patient/guardian(s).  
Fields in bold are mandatory to be filled!

### - INSTITUTION / FACILITY INFORMATION / HOSPITAL STAMP -

**Name:**

**Address:**

**Shipment Date:**

\_\_\_\_.\_\_\_\_.\_\_\_\_ (dd mm yy)

### - PATIENT INFORMATION -

**Date of Birth:**

\_\_\_\_.\_\_\_\_.\_\_\_\_ (dd mm yy)

Sex: ☐ Male

☐ Female

**Registration  
Number:**

LBL18 - \_\_\_\_\_

**Pat.ID:**

**Start of treatment:**

\_\_\_\_.\_\_\_\_.\_\_\_\_ (dd mm yy)

### - BIOLOGICAL SAMPLE / DNA / SPECIMEN INFORMATION -

#### Initial tumour material

☐ Paraffin (incl. HE staining)

☐ Malignant Effusion

**Collection Date:**

\_\_\_\_.\_\_\_\_.\_\_\_\_

☐ Fresh Frozen (Dry Ice)

**Specimen Site:**

\_\_\_\_\_

☐ DNA, Conc. \_\_\_\_\_ng/µl

☐ Other(specify): \_\_\_\_\_

**Blast count (recommended  $\geq 60\%$ )  
(mandatory to be filled)**

☐ yes, \_\_\_\_\_ %

☐ no, \_\_\_\_\_ %

#### Germline material

☐ Germline sample included

☐ Bone marrow (BM)

☐ Others (Specify): \_\_\_\_\_

Blast count at the time of sample collection from BM (if reported):

\_\_\_\_ %

#### Rest material

Rest material to be sent back  
at the end of study:

☐ yes

☐ no

Rest material to be destroyed  
at the end of study:

☐ yes

☐ no

### - MOLECULAR GENETICS ANALYSIS -

☐ NOTCH1 and FBXW7 analysis

☐ Targeted sequencing with T-LBL panel

☐ Classifier genes

☐ Detection of NOTCH1 gene fusions

### - COMMENTS -

### - AUTHORIZED BY / CORRESPONDENCE (Principal Investigator) -

**Name & Contact:**

**Telephone:**

**Fax:**

**E-Mail:**

**Date:**

**Name & Signature:**