

**EWING 2008/PROVABES/EEC**

**Consignment letter**

**Tumor box: fresh-frozen tumor/paraffin-embedded/touch prep**

▶Initial (open) Biopsy◀

Perishable Materials  
**Send only Monday-Thursday**

**Sender: Center/Institute:** \_\_\_\_\_

\_\_\_\_\_  
(complete address)  
\_\_\_\_\_

**Patient's name:** \_\_\_\_\_ **date of birth:** \_\_\_\_\_

Is the patient a registered study subject? .....	no = 0	
.....	yes = 1	
If yes, please enter study number: .....		
Marvin number: .....		
Will the patient be entered into the study at a later date? .....	no = 0	
.....	yes = 1	

**DATE OF PRIMARY TUMOR BIOPSY**..... DAY MO YEAR

ENTERED BY:

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this completed form with the tumor box to the following address:**

UKM  
Gerhard-Domagk-Institut für Pathologie  
Frau Prof. Dr. med. Eva Wardelmann  
Albert-Schweitzer-Campus 1, Gebäude D17  
Anfahrtsadresse: Domagkstr. 17  
48149 Münster  
Telefon 0251-83-55441 Fax 0251-83-57559  
Eva.Wardelmann@ukmuenster.de