Krankenkasse bzw. Kostenträger		
Name, Vorname des Versicherten geb. am		
Kostenträgerkennung	Versicherten-Nr.	Status
Betriebsstätten-Nr.	Arzt-Nr.	Datum

Einsender (Arzt-, Klinikstempel)

Unterschrift des Arztes

HpH

Fangdieckstrasse 75a I 22547 Hamburg

T: 040/70 70 85-200 I F: -210

Postfach 540640
22506 Hamburg

MRD ASSAY: Tumor-informed MRD Assay for solid tumors using Liquid Biopsy

Indication

☐ Initial examination (ID-Report)

☐ Progress control (MRD-Report)

ID report and MRD report can be ordered at the same time in one patient contact.
Please be sure to enclose the current medical and pathological report.

Material for the ID Report (initial report)

1. 3x 9 ml peripheral blood in Streck tubes (for ID Report + MRD 0)
2. 1x FFPE Block

Collection date / time:

☐ FFPE block included

☐ FFPE block can be requested at the following pathology:

The tumor material is to be requested for molecular diagnostics at:

Name of pathologist: _____

Doctrs's office / Clinic: _____

Postcode / City: _____

Fax number: _____
(please specify in any case)

Material for MRD Report (follow-up) (MRD-Report)

Please provide ID Report Number

☐ 3 x 9 ml peripheral blood in Streck tubes

Collection date / time:

Please invert the blood tubes 10 x immediately after collection.

Please label the Streck tubes with patient data:

Shipping information

Please send the tubes to one oft he following addresses:

Shipping address 1:
Institut für Hämatopathologie Hamburg
Fangdieckstraße 75a
22547 Hamburg

Shipping address 2:
Institut für Hämatopathologie Hamburg
Postfach 540640
22506 Hamburg

Streck tubes can beordered at HpH, if needed

Further information can be found at: **www.haematopathologie-hamburg.de**