

Laboratory Requisition:

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www.leukemia-research.de/ML-DS

Clinic/sender (stamp + email):

patient (label):

physician: _____

surname: _____

Telephone: _____

first name: _____

email: _____

date of birth: _____

gender: male female

suspicion/ initial diagnosis: ML-DS TAM ML-DS relapse

follow up sample: myeloid leukemia in Down syndrome (ML-DS)

Date of diagnosis: _____

start of last treatment: _____

follow up sample: transient abnormal myelopoiesis (TAM)

Date of diagnosis: _____

start of last treatment: _____

blood count:

hemoglobin mmol/L g/dl	leukocytes count (x10 ⁹ /L)	platelet count (x10 ⁹ /L)	neutrophil count (x10 ⁹ /L)	blasts (%)	CSF cytology (/µl)

Date of sample collection: _____

1. **Morphology**
 - Bone marrow (> 2 unstained smears)
 - Peripheral blood (> 2 unstained smears)
2. **Immunophenotyping**
 - Bone marrow (1-5ml Heparin or EDTA)
(preferable at diagnosis, mandatory at d28)
 - Peripheral blood (1-5ml Heparin or EDTA)
3. **Molecular genetics**
 - Bone marrow (4ml EDTA or 5µg DNA)
(preferable at diagnosis, mandatory at d28)
 - Peripheral blood (4ml EDTA or 5µg DNA)
4. **CNS Involvement**
 - 2 CSF unstained cytopins
5. **Cytogenetics**
 - Bone marrow (5ml heparin)