

AML-BFM Reference Laboratory



University Medicine Frankfurt
 Department of Pediatrics (KKJM)
Prof. Dr. med. Jan-Henning Klusmann
Hematology Laboratory: 32D, EG, Room D34
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 Fax: +49 (0) 69 6301 83338
 E-Mail: AML-BFM@leukemia-research.de
<https://www.leukemia-research.de/AML-BFM>

Sample-Management: +49 (0) 15117190251
24h EXPRESS DELIVERY: 09:00 AM THE FOLLOWING DAY!
 Saturday/Holiday logistics: **Only after consultation by phone!**

Sender/Clinic: Stamp	
Doctor	Signature
Telephone	FAX
E-Mail	

Patient (label, incl. health insurance)	
Last name	
First name	
Date of birth	(dd.mm.yyyy) <input type="checkbox"/> ♀ <input type="checkbox"/> ♂
Insurance: <input type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> none	

Diagnosis / Request / Suspicion: Initial diagnosis Relapse Follow-up M. Down / Trisomy 21 (incl. Mosaic)
 Organomegaly Extra-medullary involvement, localization

Initial diagnosis |.....|.....|20.....| 1st Relapse |.....|.....|20.....| 2nd Relapse |.....|.....|20.....| SCT |.....|.....|20.....|

Current blood count	BMP	Blood sampling (if different from BMP)	CSF
WBC <input type="checkbox"/> [/ μ l] <input type="checkbox"/> [G/L] 20..... 20..... 20.....
Erythrocytes <input type="checkbox"/> [/ μ l] <input type="checkbox"/> [G/L]			[/ μ l]
Hemoglobin <input type="checkbox"/> [g/dl] <input type="checkbox"/> [mmol/L]			[/ μ l]
Platelets <input type="checkbox"/> [/ μ l] <input type="checkbox"/> [G/L]			<input type="checkbox"/> Clear <input type="checkbox"/> Blood-contaminated
Neutrophils <input type="checkbox"/> [/ μ l] <input type="checkbox"/> [G/L]			

Materialtype:	<input type="checkbox"/> PB-Smears n=6 native	<input type="checkbox"/> PB-EDTA \geq 10 ml	<input type="checkbox"/> PB-Heparin \geq 10 ml	<input type="checkbox"/> CSF-Cytospins native
	<input type="checkbox"/> BM-Smears n=6 native	<input type="checkbox"/> BM-EDTA \geq 10 ml	<input type="checkbox"/> BM-Heparin \geq 10 ml	<input type="checkbox"/> Other

Time of examination (last block):

Starting date |.....|.....|20.....|

<input type="checkbox"/> De novo AML
Risk group: <input type="checkbox"/> SR <input type="checkbox"/> IR <input type="checkbox"/> HR
After... (other)
1 st Block <input type="checkbox"/> ICE <input type="checkbox"/> +GO <input type="checkbox"/>
2 nd Block <input type="checkbox"/> HAM <input type="checkbox"/> +GO <input type="checkbox"/>
3 rd Block <input type="checkbox"/> HAE <input type="checkbox"/>
4 th Block <input type="checkbox"/> hAM <input type="checkbox"/>
5 th Block <input type="checkbox"/> HA <input type="checkbox"/>
Maintenance <input type="checkbox"/> Sorafenib <input type="checkbox"/>
<input type="checkbox"/> MRD follow-up (peripheral blood every 4 weeks for 1 year)
<input type="checkbox"/> Other

<input type="checkbox"/> APL – FAB M3
Risk group: <input type="checkbox"/> SR <input type="checkbox"/> HR
(other)
<input type="checkbox"/> Week 4 IND <input type="checkbox"/> +GO <input type="checkbox"/>
<input type="checkbox"/> Week 8 IND <input type="checkbox"/> +GO <input type="checkbox"/>
<input type="checkbox"/> Week 12 C1/c1-2
<input type="checkbox"/> Week 16 C1/c1-2
<input type="checkbox"/> Week 24 C2/c3-4
<input type="checkbox"/> Week 32 C3/c5-6
<input type="checkbox"/> Week 36 C4/c7-8
<input type="checkbox"/> MRD follow-up (periph. blood every 4 weeks for 1 year)
<input type="checkbox"/> Other

<input type="checkbox"/> MDR-AML; t-AML
1 st Block <input type="checkbox"/> ICE <input type="checkbox"/> VenAza
<input type="checkbox"/>
2 nd Block <input type="checkbox"/> AI <input type="checkbox"/> HAM <input type="checkbox"/> VenAza
<input type="checkbox"/>
<input type="checkbox"/> MRD follow-up
<input type="checkbox"/> Other

<input type="checkbox"/> TAM (TMD)
<input type="checkbox"/> Cytarabine <input type="checkbox"/>
<input type="checkbox"/> Follow-up [month+] [m1, 2, 3, 6, 12, 18, 24, 36, 48]

<input type="checkbox"/> Relapse / Refractory AML
1. Re-Induction <input type="checkbox"/> FLA <input type="checkbox"/> +GO <input type="checkbox"/> +Ida
<input type="checkbox"/>
2. Re-Induction <input type="checkbox"/> FLA <input type="checkbox"/> +GO <input type="checkbox"/> +Ida
<input type="checkbox"/>
<input type="checkbox"/> MRD follow-up
<input type="checkbox"/> Other

<input type="checkbox"/> Allo-SCT <input type="checkbox"/> MSD <input type="checkbox"/> MUD <input type="checkbox"/> Haplo
<input type="checkbox"/> Before SCT
<input type="checkbox"/> After SCT [day +] [d+30, +60, +100, +180, +360]
<input type="checkbox"/> Treo – Flu – Thio
<input type="checkbox"/> Bu – Cy – Mel
<input type="checkbox"/> MRD follow-up
<input type="checkbox"/> Other

<input type="checkbox"/> ML-DS
After... (other)
1 st Block <input type="checkbox"/> CPX-351 <input type="checkbox"/> AIE <input type="checkbox"/>
2 nd Block <input type="checkbox"/> CPX-351 <input type="checkbox"/> AI <input type="checkbox"/>
3 rd Block <input type="checkbox"/> haM <input type="checkbox"/>
4 th Block <input type="checkbox"/> hA <input type="checkbox"/> HA <input type="checkbox"/>
<input type="checkbox"/> MRD follow-up
<input type="checkbox"/> Other

Sample arrival: |.....|.....|20.....|

Time |.....|.....|

Signature

AML-BFM Reference Diagnostics

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Date of birth	(dd.mm.yyyy) <input type="checkbox"/> ♀ <input type="checkbox"/> ♂
Insurance:	<input type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> none

Consent to data sharing

- I hereby give my consent, which may be revoked at any time, for the University Medicine Frankfurt, Department of Pediatrics (KKJM), AML-BFM Reference Laboratory, and Prof. Dr. Jan-Henning Klusmann to use the data essential for reference diagnostics relating to the treatment – in particular data from the patient file (name, date of birth, address, health insurance, findings, treatment history, etc.) – even if this involves special categories of personal data within the meaning of Article 9(1) of the General Data Protection Regulation (GDPR).
- In addition, I consent to the University Medicine Frankfurt, Department of Pediatrics (KKJM), AML-BFM Reference Laboratory, and Prof. Dr. Jan-Henning Klusmann being permitted to pass on the above-mentioned data to the billing office responsible for billing, exclusively for the purposes of invoicing and collection. I release the University Medicine Frankfurt, Department of Pediatrics (KKJM), the AML-BFM Reference Laboratory and Prof. Dr. Jan-Henning Klusmann from medical confidentiality insofar as it is necessary for the afore mentioned data transfer.

Consent to genetic diagnostics

- I agree that genetic examinations may be carried out as part of the diagnostic evaluation insofar as they are necessary for medical assessment, diagnosis, therapy planning or follow-up. This may involve genetic analyses that enable conclusions to be drawn about disease-relevant genetic changes, molecular characteristics of the disease, and the expected course of the disease or response to certain therapies. I agree that the test material may be analyzed for these purposes in the AML-BFM Reference Laboratory and transferred to Alacris Theranostics GmbH in pseudonymized form. I have been comprehensively informed about the nature, significance, scope, and implementation of the genetic testing, the possible treatment options based on the results, and the associated risks in accordance with Section 9 of the German Genetic Diagnostics Act in a medical consultation. The genetic findings are stored exclusively in the patient file of the University Medicine Frankfurt, Department of Pediatrics (KKJM), AML-BFM Reference Laboratory, and will only be made accessible to the physicians involved in the treatment. No genetic analyses are performed outside the scope of the examination.

Consent to sample storage and usage

- I consent to the residual biomaterial being stored in the local biobank for an indefinite period after completion of the examination order for the purpose of verifying the results and quality assurance, as well as for future new diagnostic possibilities. The storage serves the purpose of diagnostic use with separate management of the name and other directly identifying data.
- Material stored in the local biobank that is not required for diagnostic purposes may be used for further scientific research. The research aims to improve our understanding of the causes and diagnosis of diseases and, on this basis, to further develop prevention, care, and treatment. Samples will only be reused in pseudonymized form. For this purpose, I will be provided with comprehensive information in a separate medical consultation based on the information sheet and consent forms of the AML-BFM study group and/or the University Medicine Frankfurt (see <https://www.leukemia-research.de/aml-bfm>).

Withdrawal of consent:

You may withdraw your consent to the transfer of data, genetic diagnostics, and storage and use of biomaterials at any time, in whole or in part, without giving reasons, by sending an email to aml-bfm@leukemia-research.de.

.....
Date

.....
Signature Patient/Legal Guardian

In the event that only one parent signs, I hereby declare that, as a legal guardian, I am acting with the knowledge and consent of the other legal guardian.