

Patient:

Physician information:

- Indication/Diagnosis:**
- Routine
  - CML
  - MDS
  - MPS
  - ANLL
  - ALL
  - NHL
    - B-CLL
    - B-NHL
    - MM
    - T-NHL
  - PNH

- Date of first diagnosis  
\_\_\_\_\_
- Control following therapy
- Relapse
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- Type of Sample:**
- Blood
  - Bone marrow
  - \_\_\_\_\_

Other clinical comments

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### Referral form for Immunophenotyping

- Routine (B-, T, NK-cells)
- B-NHL-panel
  - ZAP-70
- T-NHL-panel
- ANLL/MDS-panel
- B-ALL-panel
- T-ALL-panel
- PNH-panel
- CD-34 (Stem cells)
- Other Markers

Detailed Information:

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Sampling date:

Physician: