

Bone Marrow Cell Bank of the SCN International Registry

Patient Id# Patient's Initials

Date of Birth / /
(DD)(MM)(YY) Patient is registered in the SCNIR
 Yes No

Diagnosis Severe Congenital Neutropenia Idiopathic Neutropenia
 Cyclic Neutropenia Other

Most recent G-CSF administration No G-CSF

Sample 1 - 5 ml Heparinized Bone Marrow Aspirate ml
 10 - 20 ml Heparinized Peripheral Blood ml

Date Drawn

Sample was taken routine examination
 for diagnostic purposes, please specify:

Date

Signature

Stamp

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FAX: +49 7071 2925161

*Samples should be taken at the beginning
of the week (Monday or Tuesday) and sent off immediately by overnight express!*

Please notify the laboratory prior to sending the sample!

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E-Mail: Labor-SCNIR@med.uni-tuebingen.de