

Mutational Analysis of the G-CSF Receptor Gene

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Patient:

Date of Birth:

Patient is registered in the SCNIR: Yes No

Clinical Diagnosis: Congenital Neutropenia Cyclic Neutropenia

If Genetic Subtype is analysed, please indicate:

<input type="checkbox"/> <i>ELANE</i>	<input type="checkbox"/> <i>HAX 1</i>	<input type="checkbox"/> <i>G6PC3</i>	<input type="checkbox"/> <i>SBDS</i>	Other <input type="text"/>
<input type="checkbox"/> positiv	<input type="checkbox"/> positiv	<input type="checkbox"/> positiv	<input type="checkbox"/> positiv	<input type="checkbox"/> positiv
<input type="checkbox"/> negativ	<input type="checkbox"/> negativ	<input type="checkbox"/> negativ	<input type="checkbox"/> negativ	<input type="checkbox"/> negativ
<input type="checkbox"/> not tested	<input type="checkbox"/> not tested	<input type="checkbox"/> not tested	<input type="checkbox"/> not tested	<input type="checkbox"/> not tested

Therapy: G-CSF: Yes No Other:

Clinical Findings:

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

Date Drawn:

Sender: (please print or stamp)

I hereby give my permission for the analysis of the G-CSF receptor genes, the storage of residual material as well as the use of residual specimen for research purpose. Data will be pseudonymized. The research includes studies on how genetic mutations may contribute to the development of leukaemia or other types of cancer. Even if no cancer is present or does not occur later in life, the material is helpful. I agree that the results / statements will be stored for more than the legal period of ten years.

Patient's Signature

Location, Date

Signature of the Physician

Telephone

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:

Phone: +49 7071 2986014 or +49 162 2052224; Fax: +49 7071 2925161

email: Labor-SCNIR@med.uni-tuebingen.de