

Mutational Analysis for Congenital/Cyclic Neutropenia

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Patient:

Date of Birth:

Patient is registered in the SCNIR: Yes No

Clinical Diagnosis: Congenital Neutropenia Cyclic Neutropenia

Therapy: G-CSF: Yes No Other:

Clinical Findings:

Bone Marrow/Maturation Arrest : Yes No *(please attach report)*

Requested Molecular Genetic Analysis:

ELANE HAX 1 G6PC3

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

Date Drawn:

This analysis requires written consent of the patient or legal guardian (e.g. parents). Please attach the signed consent form. Without a signed form we are not allowed to perform the analysis.

Sender: *(please print or stamp)*

Location, Date

Signature

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
