

# 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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**Med Klinik II**  
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**Germany**

Phone: +49 7071 2986014  
+49 162 2052224  
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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