



Sample Shipping Address: **Laboratoire d'Héματο-Oncologie Pédiatrique LHOP**  
**Institut de Pathologie, BU 25/03/104**  
**Rue du Bugnon 25**  
**1011 Lausanne**

Contact: Phone +41 21 31 43 622, Fax +41 21 31 43 664, Email: [dmcp.laboratoire.hop@chuv.ch](mailto:dmcp.laboratoire.hop@chuv.ch)  
 Please **ALWAYS** enquire and/or inform us by email prior to shipping.

**REQUESTING PHYSICIAN**

FIRST NAME : \_\_\_\_\_

LAST NAME : \_\_\_\_\_

Institution/Address:

**PATIENT IDENTIFICATION**

FIRST NAME : \_\_\_\_\_

LAST NAME : \_\_\_\_\_

Address:

Date of Birth : \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

Gender : Masc.  Fem.

**PATIENT CLINICAL INFORMATION**

**DIAGNOSIS:** .....

**CURRENT STATUS :**

- Diagnostic sample
- On treatment/Planned follow-up, specify timepoint: .....
- Relapse sample

**SAMPLE INFORMATION**

(tick all that apply)

**Date of sample collection:** \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

- Bone Marrow, specify site(s)/labeling .....
- Peripheral Blood, specify  EDTA,  Heparin
- Tumor biopsy, specify site (Metastasis? Primary?): .....
- Tumor cytoaspirate, specify site: .....
- Slide/smear, specify tissue and staining/native: .....
- PAX Tube, specify material/site: .....
- DNA/RNA, specify quantity and details: .....
- Other: .....

**REQUESTED TESTING**

- SIOPEN Sample Review (Protocols SIOP-HR-NBL, LINES), Patient ID#: .....
- GD-2 Neuroblastoma Immunohistochemistry
- Cytogenetic analysis (SNP array)
- FISH for MYCN
- FISH for other marker(s), please specify: .....
- Other: .....

**COMMENTS:** .....

**PHYSICIAN SIGNATURE:** ..... **PHONE #:** .....

**PLACE:** ..... **DATE:** .....