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Molecular Pathology
Order Acceptance

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Application for Molecular Diagnostics - Mutation Analysis Liquid Biopsy (LB)

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To be filled by the requesting physician, *Mandatory fields

Patient data*		SAP-Sticker	
Name*:			
Date of birth*:			
Clinical inquiry*:	<input type="checkbox"/> <i>EGFR</i> p.T790M resistance detection		
	<input type="checkbox"/> Detection of other mutations		
Diagnosis, TNM:			
Date of initial diagnosis:			
Sample shipment*			
Date of blood collection*:		Tube*:	<input type="checkbox"/> Streck: <input type="checkbox"/> Other:
Known infectious disease (e.g. HIV, viral hepatitis)*:			
Therapy			
Previous therapies:			
Therapy at blood collection time point:			
Results from previous mutation diagnostics (e.g. information about primary mutation)*			
Treating physician*:			
Date*:	Stemp*		
Signature*:			
To be filled by the team of molecular pathology			
Lot Nummer Röhrchen und Ablaufdatum d. Röhrchen:			
Blutmenge pro Röhrchen:	In Extraktion eingesetztes Plasmavolumen:	Durchführung Extraktion:	
Kommentare (Hämolyse etc.):			