

Reference Neuropathology CPT  
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 48149 Münster

Will be filled by the laboratory

Name \_\_\_\_\_

Date of birth \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Local pathology Number: \_\_\_\_\_

☐ male

☐ female

### Surgery

Date of Surgery: \_\_\_\_ . \_\_\_\_ . \_\_\_\_

☐ initial Resection

☐ Biopsy

☐ at Relapse

### Material

	Will be filled by the reference pathology Date of arrival: ____ . ____ . ____
<input type="checkbox"/> FFPE BBlocks (at least 1, better min. 2) OR <input type="checkbox"/> min. 20 x 5µm Slides (on object carrier) and <input type="checkbox"/> min. 10 x (10µm) Curls in Eppendorf Tubes	No of Blocks : _____ No. of Slides: _____
<input type="checkbox"/> Fresh Frozen Tumor Time until freezing: _____	Comment: _____
<input type="checkbox"/> 2 x 5 ml EDTA-Blood Date of sampling: ____ . ____ . ____	Comment: _____
<input type="checkbox"/> Other: _____	Comment: _____

### Localization of the Tumor

☐ supratentorial

☐ infratentorial:

☐ spinal:

Additional information of localization: \_\_\_\_\_

### Diagnosis of Sender / Comments

\_\_\_\_\_  
 \_\_\_\_\_

### Material archiving

☐ If more than one block was send, the additional material is allowed to be archived in Münster for future research.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone /Email: \_\_\_\_\_

Stamp of Institution: