

Reference Neuropathology CPT
 Prof. Dr. med. Christian Thomas
 Institut für Neuropathologie
 Universitätsklinikum Münster
 Pottkamp 2
 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

Materialarchiving

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: