EWOG-MDS
EWOG-SAA

Invoice Form for Morphology

Medical Center - University of Freiburg
Department of Pediatrics and Adolescent Medicine
Division of Pediatric Hematology and Oncology
Reference and Diagnostic Laboratory
Breisacher Straße 62
79106 Freiburg

Tel: + 49- 761- 270 - 43504 (Laboratory)
Fax: + 49- 761- 270 - 96 46200
email: ewog-mds-saa@uniklinik-freiburg.de

Please fill in here:
Patient label/ information (name, date of birth, ...)

Presumptive diagnoses / symptoms:

Clinical signs

Lymphadenopathy	☐ Yes	☐ No	Location: _____
Hepatomegaly	☐ Yes	☐ No	Hepatitis: ☐ Yes ☐ No
Splenomegaly	☐ Yes	☐ No	Clinical examination: _____ cm below costal margin
			Ultrasound: _____ cm splenic length

Therapy given: _____

Transfusions within the last 4 weeks ☐ No

☐ Yes: ☐ Erythrocytes ☐ Platelets

Hematological findings	**Bone Marrow**	**Blood**
Date	(dd.mm.yyyy)	(dd.mm.yyyy)
Leukocytes (10^9/l)		
Hemoglobin *(unit)* ☐ g/dl ☐ mmol/l		
Erythrocytes (10^{12}/l)		
MCV (fl)		
Retikulocytes (‰)		
Platelets (10^9/l)		
HbF (%)		

Material

	Date (dd.mm.yyyy):		Date (dd.mm.yyyy):
☐ hep. BM (2-3 ml)		☐ core biopsy	
☐ BM-Smears (10 A.)		☐ hairfollicel (10-15)	
☐ hep. blood (5-10 ml)		☐ fibroblasts/ skinbiopsy	
☐ blood smears (10 A.)		☐ oral mucosa	

Local Center (Clinic adress)

Name: _____

For questions, Phone: _____
Fax: _____

_____
Date, Signature