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Division of Pediatric Hematology and Oncology  
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**7`b]WJ`g][ bg**

- Splenomegal  Yes  No
- Hepatomegaly  Yes  No
- Lymphadenopathy  Yes  No
- Hepatitis  Yes  No

**Spleen size:**

Clinical examination: \_\_\_\_\_ cm below costal margin  
Sonography: \_\_\_\_\_ cm splenic lenght  
Location: \_\_\_\_\_

Therapy given: \_\_\_\_\_

Transfusions within the last 4 weeks  No  
 Yes:  Erythrocytes  Platelets

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Date	(dd.mm.yyyy)	(dd.mm.yyyy)
Leukocytes (10 <sup>9</sup> /l)		
Hemoglobin (unit) <input type="checkbox"/> g/dl <input type="checkbox"/> mmol/l		
Erythrocytes (10 <sup>12</sup> /l)		
MCV (fl)		
Retikulocytes (‰)		
Platelets (10 <sup>9</sup> /l)		
HbF (%)		

**Material**

- hep. BM (2-3 ml)
- BM-Smears (10 A.)
- hep. blood (5-10 ml)
- blood smears (10 A.)

Date (dd.mm.yyyy):


- core biopsy
- hairfollicel (10-15)
- fibroblasts/ skinbiopsy
- oral mucosa

Date (dd.mm.yyyy):


Local Center (Clinic adress)


Name: \_\_\_\_\_

For questions, Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

\_\_\_\_\_  
Date, Signature