

**Anforderungsschein**  
zur Durchführung einer genetischen Analyse Typ 1 nach GTG

<b>Einsendender Arzt/Klinik</b>	<b>Abrechnung</b>	<b>Material</b>	<input type="checkbox"/> EDTA-Blut
Name: _____	<input type="checkbox"/> Überweisungsschein		<input type="checkbox"/> Knochenmark
Klinik: _____	<input type="checkbox"/> Rechnung ad Klinik		<input type="checkbox"/> _____
Adresse: _____	<input type="checkbox"/> Privat	<b>Datum/Uhrzeit der</b>	
Telefonnummer: _____		<b>Entnahme</b>	_____
<b>Patientendaten (Etikett)</b>			
Nachname: _____	Vorname: _____	<b>Diagnose:</b> _____	
Geburtsdatum: _____	Geschlecht: m / w	_____	
Adresse: _____		_____	

<p><b>Einzelgenanalysen (Molekulargenetik)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> BCR-ABL qualitativ (Major, minor, <math>\mu</math>, nano)</li> <li><input type="checkbox"/> BCR-ABL-quantitativ (nur Major)</li> <li><input type="checkbox"/> BCR-ABL-Mutation (ABL Ex4-7; Tyrosinkinasedomäne)</li> <li><input type="checkbox"/> BRAF</li> <li><input type="checkbox"/> CALR - Exon 9</li> <li><input type="checkbox"/> CSF3R – Ex 14</li> <li><input type="checkbox"/> DNMT3A</li> <li><input type="checkbox"/> JAK2 V617F Mutation - quantitativ</li> <li><input type="checkbox"/> KRAS Exon 2 – 4</li> <li><input type="checkbox"/> NRAS Exon 2 – 4</li> <li><input type="checkbox"/> NPM1 - Ex 11</li> <li><input type="checkbox"/> TET2</li> <li><input type="checkbox"/> TP53</li> </ul> <p><b>Untersuchungsblöcke (Molekulargenetik)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dickdarmkrebs/Melanom (KRAS Exon 2-4, NRAS Exon 2-4, BRAF)</li> <li><input type="checkbox"/> Dickdarmkrebs (Mikrosatelliten-Analyse)</li> </ul> <p><b>Untersuchungsblöcke (molekulare Zytogenetik)</b> <small>(Die in den Untersuchungsblöcken angebotenen Sonden können auch einzeln angefordert werden)</small></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>MDS-Panel komplett</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Del 5p/5q (EGR1)    <input type="checkbox"/> Del 7q31/7q22    <input type="checkbox"/> Del 20q</li> <li><input type="checkbox"/> CEP8 (Zentromer 8)</li> </ul> </li> <li><input type="checkbox"/> <b>CLL-Panel komplett</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17p13 (p53)    <input type="checkbox"/> 11q22 (ATM)    <input type="checkbox"/> 6q23 (MYB)</li> <li><input type="checkbox"/> Del 13q14.3 /13q34    <input type="checkbox"/> CEP 12 (Zentromer 12)</li> </ul> </li> <li><input type="checkbox"/> <b>MM-Panel komplett:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Del 17p13 (P53)    <input type="checkbox"/> Del 13q14 (RB1)</li> <li><input type="checkbox"/> CEP11 (Zentromer 11)    <input type="checkbox"/> 14q32 (IGH-BA)</li> <li><i>IGH – Translokationen:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> t(6;14) (CCND3)    <input type="checkbox"/> t(11;14) (CCND1/MYEOV)</li> <li><input type="checkbox"/> t(14;20) (MAF-B)    <input type="checkbox"/> t(14;16) (MAF)</li> <li><input type="checkbox"/>    <input type="checkbox"/> t(4;14) (FGFR3)</li> </ul> </li> </ul> </li> </ul>	<p><b>FISH-Einzelanalysen</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1q21.3/p32.3 (CKS1B/CDKN2C(P18) Amplifikation/Deletion)</li> <li><input type="checkbox"/> 2p23 (ALK-Breakapart)</li> <li><input type="checkbox"/> 3q27 (BCL6-Breakapart)</li> <li><input type="checkbox"/> 4q12 (Fusionsgen FIP1L1/CHIC2/PDGFR A)</li> <li><input type="checkbox"/> 5q33 (PDGFRB-Breakapart)</li> <li><input type="checkbox"/> 6q22 (ROS1-Breakapart)</li> <li><input type="checkbox"/> 8q24 (cMYC-Breakapart)</li> <li><input type="checkbox"/> 11q23 (MLL-Breakapart)</li> <li><input type="checkbox"/> 12q14.3 – q15 (MDM2) - Amplifikation</li> <li><input type="checkbox"/> 14q32 (IGH-Breakapart)</li> <li><input type="checkbox"/> 18q21 (BCL2-Breakapart)</li> <li><input type="checkbox"/> 21q22 AML1 (RUNX1-Breakapart)</li> </ul> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> CEP 7 (Zentromer 7)</td> <td><input type="checkbox"/> CEP 8 (Zentromer 8)</td> </tr> <tr> <td><input type="checkbox"/> CEP 11 (Zentromer 11)</td> <td><input type="checkbox"/> CEP 12 (Zentromer 12)</td> </tr> </table> <ul style="list-style-type: none"> <li><input type="checkbox"/> Deletion1p36    <input type="checkbox"/> Deletion 5q (EGR1)</li> <li><input type="checkbox"/> Deletion 6q23 (MYB)    <input type="checkbox"/> Deletion 7q31</li> <li><input type="checkbox"/> Deletion 11q22.3 (ATM)    <input type="checkbox"/> Deletion 13q14 (RB1)</li> <li><input type="checkbox"/> Deletion 13q14/13q34    <input type="checkbox"/> Deletion 17p13 (p53)</li> <li><input type="checkbox"/> Deletion 19q13    <input type="checkbox"/> Deletion 20q</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inversion inv(2) (EML4/ALK)</li> <li><input type="checkbox"/> Inversion inv(16)(p13q22) (CBFB/MYH11) (AML-M4Eo)</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Translokation t(8;14)(IGH/MYC/CEN8)</li> <li><input type="checkbox"/> Translokation t(8;21)(q22;q22) (AML1/ETO[RUNX1/RUNX1T1]) (AML-M2)</li> <li><input type="checkbox"/> Translokation t(9;11)(p22;q23) (MLL/MLLT3)</li> <li><input type="checkbox"/> Translokation t(9;22)(q34;q11) (BCR/ABL) (CML, ALL)</li> <li><input type="checkbox"/> Translokation t(11;14) (IGH/CCND1)</li> <li><input type="checkbox"/> Translokation t(11;18) (API2[BIRC3]/MALT1)</li> <li><input type="checkbox"/> Translokation t(14;18) (IGH/MALT1)</li> <li><input type="checkbox"/> Translokation t(14;18) (IGH/BCL2)</li> <li><input type="checkbox"/> Translokation t(15;17)(q21;q22) (PML/RARa) (AML-M3)</li> </ul>	<input type="checkbox"/> CEP 7 (Zentromer 7)	<input type="checkbox"/> CEP 8 (Zentromer 8)	<input type="checkbox"/> CEP 11 (Zentromer 11)	<input type="checkbox"/> CEP 12 (Zentromer 12)
<input type="checkbox"/> CEP 7 (Zentromer 7)	<input type="checkbox"/> CEP 8 (Zentromer 8)				
<input type="checkbox"/> CEP 11 (Zentromer 11)	<input type="checkbox"/> CEP 12 (Zentromer 12)				

Ort, Datum \_\_\_\_\_

Name des anfordernden Arztes \_\_\_\_\_

Unterschrift/Stempel \_\_\_\_\_