

ALL CNS study

V04/12

Laboratory of Paediatric Oncology 5704

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MANDATORY

Patient name:

Sampling date: _____

Date of birth/Personal ID/CPR:

Hospital :

Department:

Country:

Diagnosis: Leukemia obs. pro. BCP-ALL T-ALL B-ALL

Children aged 0-18 years: 2 mL (if possible 4 mL) cerebrospinal fluid in Transfix[®] sample tubes

Please mix by inversion 10 times and label the sample with patient information and sampling date.

Ship the sample to:

Bonkolab 5704, Rigshospitalet, Blegdamsvej 9, DK-2100 Copenhagen, Denmark.

Please notify Bonkolab in advance via fax + 45 35 45 45 24.

Please notify Mette Levinsen via mail: mette.levinsen@rh.regionh.dk when 5 Transfix[®] sample tubes are left