

Mutational Analysis of the Neutrophil Elastase Gene

Dr. rer. nat. M. Germeshausen / Prof. Dr. med. K. Welte
Pediatric Hematology/Oncology
OE 6781, Geb. K11 (TPFZ), Ebene H0, R. 1140
Kinderklinik
Medizinische Hochschule Hannover
Carl-Neuberg-Str. 1
D-30625 Hannover
Germany

Patient: _____ Date of Birth: _____

Clinical Diagnosis and Therapy:

Sample: Bone Marrow Peripheral Blood

Date Drawn: _____

Sender: _____ (please print or stamp)

Location, date

Signature

Telephone

Please send 1 – 5 ml heparinized bone marrow aspirate and/or 20 ml heparinized peripheral blood to the address indicated on top of the form.

Samples should be taken at the beginning of the week (Monday or Tuesday) and sent off immediately by overnight express!

Please notify Dr. Germeshausen prior to sending the sample:

phone: +49 511 532 - 9013, - 9036 fax: - 9783
