

Krankenkasse bzw. Kostenträger		
Name, Vorname des Versicherten		
geb. am		
Kostenträgerkennung	Versicherten-Nr.	Status
Betriebsstätten-Nr.	Arzt-Nr.	Datum

Einsender (Arzt-, Klinikstempel)
Unterschrift des Arztes

Hp BB

Pathodiagnostik Berlin MVZ GmbH
 Komturststraße 58-62 | 12099 Berlin
 T: 030/23 60 84 21-00
 F: 030/23 60 84 21-19

Hämatopathologie: Pathologische Diagnostik, Molekularpathologie, Zytogenetik und FACS

Kostenträger

<input type="checkbox"/> Privat	<input type="checkbox"/> Wahlleistung	<input type="checkbox"/> Krankenhaus / Praxis	<input type="checkbox"/> KV-Schein *	<input type="checkbox"/> sonstige Kostenträger:
<input type="checkbox"/> Normal	<input type="checkbox"/> KVB I-III	<input type="checkbox"/> §116b (ASV)		
<input type="checkbox"/> Standard	<input type="checkbox"/> Post B	<input type="checkbox"/> §115b (AOP)		
<input type="checkbox"/> Basis	<input type="checkbox"/> sonst. Tarif:			

* bitte Überweisungsschein beifügen

Diagnose / Fragestellung

Bitte Laborwerte separat hinzufügen oder hier eintragen:

Leukozyt.		Granulozyt.	
Hb		Lymphozyt.	
Thrombozyt.		Monozyt.	
MCV		Blasten	

Indikation:

<input type="checkbox"/> Primärdiagnose	<input type="checkbox"/> Verlaufskontrolle	<input type="checkbox"/> V.a. Rezidiv	<input type="checkbox"/> Rezidiv	Zusatzinformation:
<input type="checkbox"/> B-Symptomatik	<input type="checkbox"/> Lymphadenopathie	<input type="checkbox"/> Splenomegalie	<input type="checkbox"/> Zytopenie	
<input type="checkbox"/> Paraproteinämie				

Untersuchungsmaterial

Datum / Uhrzeit der Entnahme:

<input type="checkbox"/> Peripheres Blut (PB)	<input type="checkbox"/> Blutausstriche	<input type="checkbox"/> Beckenkammtrepanat	<input type="checkbox"/> sonstiges:
<input type="checkbox"/> EDTA <input type="checkbox"/> Heparin <input type="checkbox"/> Citrat			
<input type="checkbox"/> Knochenmarkblut (KMB)	<input type="checkbox"/> KM-Ausstriche	<input type="checkbox"/> Lymphknoten (Lokalisation):	
<input type="checkbox"/> EDTA <input type="checkbox"/> Heparin <input type="checkbox"/> Citrat			

Anforderung

<input type="checkbox"/> Zytologie ¹	<input type="checkbox"/> Immunphänotypisierung (FACS) ¹	<input type="checkbox"/> Immunhistochemie ³
<input type="checkbox"/> Histologie ³	<input type="checkbox"/> Molekularpathologie ^{1/3}	<input type="checkbox"/> FISH ^{2/3} <input type="checkbox"/> Zytogenetik (kursiv) ^{2/3}

FACS: spezielle Analytik

<input type="checkbox"/> PNH ¹	<input type="checkbox"/> Immunstatus (mit CD4/CD8) ¹
-------------------------------------------	-----------------------------------------------------------------

Molekularpathologie

<p>AML¹</p> <p><input type="checkbox"/> Genpanel Prognostisch relevante Gene</p> <p>Fast Track¹</p> <p><input type="checkbox"/> FLT3 (ITD/TKD)</p> <p><input type="checkbox"/> NPM1</p> <p><input type="checkbox"/> IDH1/2</p> <p><input type="checkbox"/> BCR::ABL1</p> <p><input type="checkbox"/> PML::RARA</p> <p>Einzelabberationen²</p> <p><input type="checkbox"/> CBFβ (inv16)*</p> <p><input type="checkbox"/> 5q- (del5q)*</p> <p><input type="checkbox"/> -7/7q- (del7/del7q)*</p> <p>AML MRD¹</p> <p><input type="checkbox"/> NPM1 quant.</p> <p><input type="checkbox"/> PML::RARA quant.</p>	<p>MPN/PV/ET/PMF¹</p> <p><input type="checkbox"/> Treibermutationen Gene: JAK2, CALR, MPL</p> <p><input type="checkbox"/> HRM-Genpanel Hochrisikomutationen</p> <p><input type="checkbox"/> JAK2 quant.</p> <p><input type="checkbox"/> EPOR**</p> <p>CML¹</p> <p>BCR::ABL1</p> <p><input type="checkbox"/> qualitativ</p> <p><input type="checkbox"/> quantitativ</p> <p><input type="checkbox"/> Resistenzmutationen</p> <p>CMML / aCML¹</p> <p><input type="checkbox"/> Genpanel Differenzialdiagnostik</p> <p>CNL¹</p> <p><input type="checkbox"/> Genpanel Gene inkl.: CSF3R, SETBP1, ASXL1</p>	<p>MDS¹</p> <p><input type="checkbox"/> Genpanel Gene mit Relevanz für IPSS-M</p> <p>Multiples Myelom¹</p> <p><input type="checkbox"/> Genpanel Gene inkl.: TP53, KRAS, NRAS, BRAF</p> <p>HES / CEL¹</p> <p><input type="checkbox"/> FIP1L1::PDGFRA</p> <p>Mastozytose</p> <p><input type="checkbox"/> KIT</p> <p>Morbus Waldenström / LPL^{1/3}</p> <p><input type="checkbox"/> Genpanel Gene inkl.: MYD88, CXCR4</p> <p><input type="checkbox"/> MYD88 (L265P)</p> <p>Haarzellleukämie^{1/3}</p> <p><input type="checkbox"/> BRAF (V600E)</p>	<p>CLL¹</p> <p><input type="checkbox"/> Diagnostik nach Leitlinie TP53, del 17p, IGHV-Mutationsstatus, chrom. Risikoparameter</p> <p><input type="checkbox"/> Genpanel mit Resistenzen Gene inkl.: TP53, BTK- & BCL2-Resistenzmutationen</p> <p>DLBCL³</p> <p><input type="checkbox"/> Genpanel Gene inkl.: CARD11, CD79A/B, MYD88</p> <p>T-/NK-LGL Leukämie¹</p> <p><input type="checkbox"/> Genpanel STAT3/5b, CCL22</p> <p>AITL^{1/3}</p> <p><input type="checkbox"/> RHOA</p> <p><input type="checkbox"/> TCR-Gen-Rearrangements</p>	<p><input type="checkbox"/> B-Zell Klonalität^{1/3} Immunglobulin-Gen-Rearrangements</p> <p><input type="checkbox"/> T-Zell Klonalität^{1/3} TCR-Gen-Rearrangements</p> <p>B-NHL (FISH)³</p> <p><input type="checkbox"/> IgH Translokation</p> <p><input type="checkbox"/> BCL2 Translokation</p> <p><input type="checkbox"/> BCL6 Translokation</p> <p><input type="checkbox"/> CCND1 Translokation</p> <p><input type="checkbox"/> MYC Translokation</p> <p><input type="checkbox"/> MALT 1</p> <p>Erregernachweis³</p> <p><input type="checkbox"/> Mykobakterien</p> <p><input type="checkbox"/> HPV</p> <p><input type="checkbox"/> HHV8</p> <p><input type="checkbox"/> EBV</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Myeloische Neoplasie mit Eosinophilie¹

* in Kooperation ** Einverständniserklärung erforderlich

bevorzugtes Probenmaterial: 1) 10ml EDTA Blut (PB, KMB) 2) 5ml Heparin Blut (PB, KMB) 3) Beckenkamm, Lymphknoten **Versandgefäße benötigt**