

ADDress: Translational Research for Persons with Abnormal DNA Damage Response (SP8/SP9)

SOP - Transfer of blood/tumor material to the DKFZ B062/B310

Please note: Diagnostics comes first!

In any case that is potentially suitable for ADDress project, **the written, informed patient consent for the inclusion into the ADDress project must be given.** Prior to the tumor resection surgery please inform at least one person from the contact list below providing necessary information including expected date of surgery and an ADDress ID. If the ADDress ID has not been assigned, please leave the relevant field blank.

What? - Fresh tumor material and/or **frozen tumor material** and/or **frozen peripheral blood sample** from patients **with Disorders with Abnormal DNA Damage Response** (DADDR e.g. Li Fraumeni Syndrome, Constitutional mismatch repair deficiency etc.)

Fresh tumor material: If the amount to be dispensed is very small (pin head size or smaller), please do **not** send us tumor material.

When? - Fresh tumor material: If possible, on the day of the operation and/or a day before please contact the person(s) listed below and inform when the material will be/has been sent to the address given below.

Frozen tumor material and peripheral blood sample: The tumor samples and the blood samples for molecular analysis can be collected and stored at -80°C until shipment to the address given below. If possible, both materials should be shipped jointly. If only one type of frozen materials is available, it still can be sent, possibly the remaining material may be sent at the later timepoint.

Who? - Please contact the following persons:

To:

1.) **Dr. Anna Kolodziejczak:** a.kolodziejczak@kitz-heidelberg.de

cc:

2.) **Isabel Büdenbender** (technician): i.buedenbender@kitz-heidelberg.de

3.) **Dr. Romain Sigaud:** r.sigaud@kitz-heidelberg.de

4.) **Prof. Dr. med. Till Milde:** t.milde@kitz-heidelberg.de

5.) **Dr. Kendra Maaß:** k.maass@kitz-heidelberg.de

How? - Fresh tumor material: Please collect the sample in **sterile PBS** in tubes, if needed (e.g. operation at late hours) temporarily store at 4°C (refrigerator) and send it together **with cool packs (refrigerated shipment) and a completed submission form (separate form).**

Frozen tumor material: Please snap freeze malignant material (fresh frozen) and peripheral blood (fresh frozen) as soon as possible. The samples can be stored until shipment at -80°C. Please send the tumor samples on dry ice **with a completed submission form (separate form).**

Fresh material and frozen material need to be sent separately!

Where to? - Please send by TNT Express ("by 10 a.m."; when sending from Fri to Sat: "Saturday delivery"; TNT number: **73006252**) to the following address (**important: PFORTE**):

Prof. Dr. med. Till Milde
ADDress SP9
AG Translationale Hirntumormodelle
KKE Pädiatrische Onkologie B310
DKFZ / PFORTE
Im Neuenheimer Feld 280
69120 Heidelberg

Please provide us with a tracking number, it makes it easier to collect the package with the material.
Thank you for the cooperation!

Professor Till Milde, 20.07.2022

ADDress Submission Form (filled out by a treating physician):

- Fresh tumor material for drug screen and PDX generation (SP9)
 Frozen tumor material for molecular characterization (SP8)
 Frozen peripheral blood samples for molecular characterization (SP8)

Submitter

Name: _____

Phone number: _____

Patient

ADDress ID: _____

Patient's initials: _____ Gender: F M

Age: Years: _____ Months: _____

CPS

Diagnosis:

Li-Fraumeni Syndrome Constitutional Mismatch Repair Deficiency

Other: _____

Tumor (sent material)

Diagnosis: _____ suspicion histologically confirmed

Localization: _____

Primary tumor Local recurrence Metastasis

Metastasis: No Yes: _____ (localization)

Prior treatment: None Surgery Chemotherapy Radiotherapy

Logistics

Date of tumor resection: _____ Sending date: _____

Comments (e.g. detected DADDR-related mutations):

I hereby confirm that the written, informed patient consent for the inclusion into the ADDress project has been given.

Date: _____ Signature: _____

Stamp / Address of the sending institute:

Please send material to:

Prof. Dr. med. Till Milde
ADDress SP9
AG Translationale
Hirntumormodelle
KKE Pädiatrische
Onkologie B310
DKFZ / PFORTE
Im Neuenheimer Feld 280
69120 Heidelberg

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Group "Translational brain
tumor modeling"
Clinical Cooperation Unit
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