

Submission Form

Cancer Predisposition Syndrome Registry

Liquid Biopsy

ADDRESS

Hannover Medical School
Clinic for Pediatric Hematology and Oncology, OU 6780
Cancer Predisposition Syndrome Registry
Carl-Neuberg-Straße 1
30625 Hannover

Sender (stamp)

Study ID _____

Patient Initials _____
First name Last name

Quarter/year of birth _____

Consent for the following research project(s) has been given:

CPS register

Liquid Biopsy

ADDRESS

Diagnosis: _____

Blood/Bone Marrow

Blood (EDTA)

Collection on: _____ at: _____

Blood (NORGEN®)

Collection on: _____ at: _____

Bone Marrow

Bone marrow (EDTA)

Collection on: _____ at: _____

Bone marrow (Heparin)

Collection on: _____ at: _____

Miscellaneous

Buccal swab

Collection on: _____ at: _____

Telephone number for queries: _____

Date

Signature