



HLH / MAS Primary-Diagnostic (send within 24h)

Patient

Name:
Surname:
DoB.:

Venopuncture:

Please announce shipment:

E-Mail: marion.schneider@uni-ulm.de
Phone: (+49) 731 500-60080/81
Telefax:(+49) 731 500 60082

Ship to:

Prof. Dr. E. Marion Schneider
Sektion Experimentelle Anästhesiologie
Uniklinik Ulm - CKL
Albert Einstein Allee 23
89081 ULM / Germany

We also offer testing of in vitro hemophagocytosis using cultured cells from submitted blood samples. Do you agree to perform in vitro-hemophagocytosis assays (anonymized)?

Hemophagocytosis assay?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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HLH or MAS may be associated with genetic alterations. Do you agree to perform genetic testing?

Genetic testing?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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Date, SIGNATURE Patient / Parent or Legal Guardian

We need:

- 2.7 ml of EDTA anticoagulated peripheral blood (to be sent within 2-3 days)
- > 4.0 ml Heparin anticoagulated peripheral blood (PB) or
2.0 ml Heparin anticoagulated bone marrow (BM) (to be sent within 24h)
- Optional: Cerebrospinal fluid (CSF), Ascites, Bronchial lavage (BAL)

Shipment at room temperature

Blood sample date, time: _____

Clinic: _____

Differential diagnosis: _____

Physician: _____

Current therapy: _____

Phone: _____

Fax: _____

E-Mail: _____

Clinical Results:

Family history: pos. neg.

Liver _____ cm Spleen _____ cm

Parent consanguinity: yes no

Infection _____

Leukocyte count _____/nl

LDH _____ U/l

Granulocyte count _____%

Fibrinogen _____ g/l

Hb _____ g/dl

Triglycerides _____ mg/dl

Platelets _____/nl

Ferritin _____ ng/ml

CRP _____ mg/l

SGOT/SGPT _____ U/l