

EWOG-MDS STUDIES

Instructions for sampling and shipment of initial and relapse samples

- 1. ANNOUNCEMENT**
- * Inform us one day before the sample will be taken or **as soon as possible** at the day of sampling
 - * call the research laboratory of Pediatric Oncology in Rotterdam, the Netherlands: **+31 10 7044340** (preferably), +31 10 704 4051 or +31 10 703 6233
- 2. SAMPLE**
- * Use **standard pre-heparinized tubes** with a **maximum of 20 IU heparin per ml bone marrow or peripheral blood**
 - * 1-3 ml bone marrow and/or 5-10 ml peripheral blood (at initial diagnosis/presentation and at relapse)
 - * Transport tubes at room temperature
 - * **CAUTION:** do not use standard EDTA-containing tubes
- 3. SHIPMENT**
- * The laboratory in Rotterdam will instruct TNT Express Worldwide to pick up the sample at your hospital
 - * The TNT-courier service will contact you about the time and location of the pick up
 - * Fill in the **invoice form** and **include 2 copies** (for custom clearance)
 - * Fill in the **patient documentation form**

REMARK: Shipment of samples is free of charge. All costs will be paid by our research laboratory!

Research Laboratory of Pediatric Oncology
Erasmus University Medical Center - Sophia Children's Hospital
Dr. Molewaterplein 60
3015 GJ Rotterdam
The Netherlands

M.van den Heuvel-Eibrink
Prof. Dr. R. Pieters

phone: +31 10 704 4340 or +31 10 704 4051 or +31 10 703 6233
fax: +31 10 704 4708



(Please, put this form on top of the transport-box)

INVOICE

Delivery: **PRIORITY**

contents: **BLOOD samples**

caution: **FRAGILE**

To: Research Laboratory of Pediatric Oncology
Erasmus MC-Sophia Children's Hospital
Erasmus University Medical Center Rotterdam
Dr. Molewaterplein 60
3015 GJ Rotterdam
The Netherlands
Phone: +31 107044340

Deliver package at: **Reception-desk of main entrance Sophia Children's Hospital**
(portier Hoofdingang Sophia Kinderziekenhuis)
Att: Laboratory of Pediatric Oncology/Hematology
Dr. Molewaterplein 60
3015 GJ Rotterdam
The Netherlands

Message for the reception/receiver:

Bij aflevering s.v.p. direct het research-laboratorium KinderOncologie
bellen: 010-7044340
Contactpersoon: Mw. P.Schneider
Pakje bij kamertemperatuur bewaren

From: Name of contact person :
Hospital :
Department :
Address :
ZIPcode and City :
Phone :
Telefax :

Description of contents:

This package contains human blood samples for research purpose only. This package contains no contagious agents that could harm agriculture or public health.

Commercial value of package: < €5.=
Weight of package: 0.15 kg
Country of origin:
Storage conditions: Room temperature



(Please, enclose this form with the sample)

Patient Documentation

Patient initials :

Date of birth :

Gender : male / female

Registration no (local center):

Registration no EWOG2006:

Disease Documentation

(please encircle)

- * Time-point of sample taken: at initial diagnosis
 day 120
 day 240
 other:

- * White blood cell count of the sample:
- * Differential count:

REMARKS:

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