

Patient Name

Chimerism- Analysis

Sending Center:

UNIVERSITY OF FRANKFURT A. M.

Department for Paediatric and Adolescent Medicine
 Prof. Dr. Peter Bader
 MRD-/ Chimerism laboratory – Room 223
 House 32, Entrance A
 Theodor-Stern-Kai 7

D-60590 Frankfurt am Main

Phone.: + 49 (0) 69 6301 6449
 Fax.: + 49 (0) 69 6301 83937

[Do not fill in – Lab Only]
Probeneingang:
Probennummer:
 Probenmenge:

Email: peter.bader@kgu.de

**EWOG MDS Study:
 Chimerism in Patients with Refractory Cytopenia transplanted with Reduced Intensity Conditioning**

Sample: 3 ml EDTA Blood 10 ml EDTA Blood post transplant

Diagnosis: _____ Date of Sample: _____

CHIMERISMUS	TIME POINTS
<u>Prior to Transplant:</u> <input type="checkbox"/> Recipient (Prior) <input type="checkbox"/> Donor <u>Post Transplant:</u> <input type="checkbox"/> Follow-up <u>Subpopulations:</u> <input type="checkbox"/> CD 15 <input type="checkbox"/> CD 14 <input type="checkbox"/> CD 3 <input type="checkbox"/> CD 19 <input type="checkbox"/> CD 56 <input type="checkbox"/> Dendritic Cells <input type="checkbox"/> Tolerogenic Cells (Only results of whole peripheral blood will be send to the transplant centers)	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 100 days <input type="checkbox"/> 180 days <input type="checkbox"/> others