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Patient, Name/Vorname _____ Geb. Datum _____ Geschlecht <input type="checkbox"/> M / <input type="checkbox"/> W Adresse _____ PLZ _____ Ort _____ Externe Proben-Nr. _____ Tumortyp: _____ Material: <input type="checkbox"/> Paraffin / <input type="checkbox"/> Blut / <input type="checkbox"/> unfixiert / <input type="checkbox"/> Zytologie / <input type="checkbox"/> Surepath	<div style="background-color: #cccccc; padding: 10px; text-align: center; font-size: 24px; margin-bottom: 10px;">Interne Nummer</div> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> Datum _____
Auftraggeber _____	
Rechnung an _____	
Befundkopie an _____ <input type="checkbox"/> Patient / <input type="checkbox"/> Auftraggeber	

FISH (5-10 Arbeitstage)	AMP = Amplifikation / BAP = break apart / DEL = Deletionen / FUS = Fusion	
Lymphome	<input type="checkbox"/> BCL2 BAP <input type="checkbox"/> IGH/BCL2 FUS <input type="checkbox"/> CCND1 BAP <input type="checkbox"/> IGH/CCND1 FUS <input type="checkbox"/> CMYC BAP <input type="checkbox"/> IGH/MYC FUS <input type="checkbox"/> MALT1 BAP <input type="checkbox"/> API2/MALT1 FUS	<input type="checkbox"/> BCL6 BAP <input type="checkbox"/> BCR/ABL FUS <input type="checkbox"/> ETV6 BAP <input type="checkbox"/> JAK2 BAP <input type="checkbox"/> IGH/MAF FUS <input type="checkbox"/> IGH/FGFR3 FUS <input type="checkbox"/> IRF4/DUSP22 BAP
Weichteiltumore/Sarkome	<input type="checkbox"/> CDK4 AMP <input type="checkbox"/> EWSR1 BAP <input type="checkbox"/> MDM2 AMP <input type="checkbox"/> SS18/SYT BAP	<input type="checkbox"/> DDIT3/CHOP BAP <input type="checkbox"/> FKHR/FOXO1A BAP <input type="checkbox"/> FUS BAP <input type="checkbox"/> PLAG1 BAP
Mammatumoren	<input type="checkbox"/> HER2 FISH AMP	<input type="checkbox"/> HER2 IHC+FISH
Untersuchungs-Kombinationen	<input type="checkbox"/> AneuVysion (Chr 13,18,21,X,Y) CNV <input type="checkbox"/> UroVysion (Chr 3,7,9p21,17) CNV <input type="checkbox"/> LaVysion (Chr 6,5p15,7p12 (EGFR), 8q24 (CMYC)) CNV <input type="checkbox"/> Melanom (CCND1, RREB1, CEP6, MYB) CNV <input type="checkbox"/> Myelom (FGFR3,CCND1,CMAF,RB1,P16,P53,Chr. 3,7,13,17,18,21,X,Y) CNV, BAP	
Andere Sonden	<input type="checkbox"/> ALK BAP <input type="checkbox"/> CCND1 AMP <input type="checkbox"/> CDKN2A/9p21 DEL <input type="checkbox"/> EGFR AMP <input type="checkbox"/> ERG BAP <input type="checkbox"/> FGFR1 AMP <input type="checkbox"/> FGFR2 BAP <input type="checkbox"/> FGFR3 BAP <input type="checkbox"/> FOXO1A BAP <input type="checkbox"/> IGF1R AMP <input type="checkbox"/> MAML2 BAP <input type="checkbox"/> MET AMP <input type="checkbox"/> MYB BAP <input type="checkbox"/> MYC (CMYC) AMP	<input type="checkbox"/> NMYC AMP <input type="checkbox"/> NUTM1 BAP <input type="checkbox"/> NRG1 BAP <input type="checkbox"/> NTRK1 BAP <input type="checkbox"/> NTRK2 BAP <input type="checkbox"/> NTRK3 BAP <input type="checkbox"/> PAX8/PPARG FUS <input type="checkbox"/> PTEN DEL <input type="checkbox"/> RB1 (13q14) DEL <input type="checkbox"/> ROS1 BAP <input type="checkbox"/> RET BAP <input type="checkbox"/> SOX2 AMP <input type="checkbox"/> TP53 DEL <input type="checkbox"/> USP6 BAP