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| Information / Kontakt Bruno Grilli / Schönbeinstrasse 40 / CH-4031 Basel Tel. +41 61 328 68 63 / molpath@usb.ch | | Einsendeadresse Institut für med. Genetik und Pathologie Schönbeinstr. 40 / CH-4031 Basel, Schweiz | |
| 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; border: 1px solid black; font-size: 24px; font-weight: bold;">Interne Nummer</div> Datum _____ | |
| Auftraggeber _____ | | | |
| Befundkopie an _____ | | Rechnung an _____ <input type="checkbox"/> Patient / <input type="checkbox"/> Auftraggeber | |

| FISH (5-10 Arbeitstage) | AMP = Amplifikation / BAP = break apart / CNV = Kopienzahl, Deletionen / FUS = Fusion | | | |
|------------------------------------|---|-----|---|-----|
| Lymphome | <input type="checkbox"/> BCL2 | BAP | <input type="checkbox"/> BCL6 | BAP |
| | <input type="checkbox"/> IGH/BCL2 | FUS | <input type="checkbox"/> BCR/ABL | FUS |
| | <input type="checkbox"/> CCND1 | BAP | <input type="checkbox"/> ETV6 | BAP |
| | <input type="checkbox"/> IGH/CCND1 | FUS | <input type="checkbox"/> JAK2 | BAP |
| | <input type="checkbox"/> CMYC | BAP | <input type="checkbox"/> IGH/MAF | FUS |
| | <input type="checkbox"/> IGH/MYC/CEP8 | FUS | <input type="checkbox"/> IGH/FGFR3 | FUS |
| | <input type="checkbox"/> MALT1 | BAP | <input type="checkbox"/> REL | AMP |
| | <input type="checkbox"/> IGH/MALT1 | FUS | <input type="checkbox"/> IRF4 (MUM1p) | BAP |
| | <input type="checkbox"/> API2/MALT1 | FUS | | |
| Sarkome | <input type="checkbox"/> CDK4 | AMP | <input type="checkbox"/> CHOP | BAP |
| | <input type="checkbox"/> EWSR1 | BAP | <input type="checkbox"/> FKHR | BAP |
| | <input type="checkbox"/> MDM2 | AMP | <input type="checkbox"/> FUS | BAP |
| | <input type="checkbox"/> SYT | BAP | <input type="checkbox"/> PLAG1 | BAP |
| Mammatumoren | <input type="checkbox"/> HER2 FISH | AMP | <input type="checkbox"/> HER2 FISH + IHC | |
| Untersuchungs-Kombinationen | <input type="checkbox"/> AneuVysion (Chr X,Y,13,18,21) | | CNV | |
| | <input type="checkbox"/> Lunge (ALK, ROS1, RET, MET) | | CNV | |
| | <input type="checkbox"/> UroVysion (Chr 3,7,9,17) | | CNV | |
| | <input type="checkbox"/> Melanom (CCND1, RREB1, CEP6, MYB) | | CNV | |
| Andere Sonden | <input type="checkbox"/> ALK | BAP | <input type="checkbox"/> NUTM1 | AMP |
| | <input type="checkbox"/> CCND1 | AMP | <input type="checkbox"/> NTRK1 | BAP |
| | <input type="checkbox"/> EGFR | AMP | <input type="checkbox"/> NTRK3 | BAP |
| | <input type="checkbox"/> ERG | BAP | <input type="checkbox"/> PDGFRB | BAP |
| | <input type="checkbox"/> FGFR1 | AMP | <input type="checkbox"/> PIK3CA | AMP |
| | <input type="checkbox"/> IGF1R | AMP | <input type="checkbox"/> PTEN | CNV |
| | <input type="checkbox"/> IGH/FGFR3 | FUS | <input type="checkbox"/> RARA | BAP |
| | <input type="checkbox"/> MAML2 | BAP | <input type="checkbox"/> RB1 (13q14) | CNV |
| | <input type="checkbox"/> MET | AMP | <input type="checkbox"/> ROS1 | BAP |
| | <input type="checkbox"/> MYB | BAP | <input type="checkbox"/> RET | BAP |
| | <input type="checkbox"/> MYC | FUS | <input type="checkbox"/> TP53 | CNV |
| | <input type="checkbox"/> NMYC | AMP | <input type="checkbox"/> USP6 | BAP |