UNIVERSITÄTS KLINIKUM HEIDELBERG

N/M-Nr. To be filled out by the Liquid biopsy Team	Patient data

Heidelberg University Hospital | Im Neuenheimer Feld 400 | 69120 Heidelberg

CSF liquid biopsy request form (external senders)

Patient has given consent for analysis of tumour and genomic DNA (according to local procedures)

Check as applicable

Yes	O
No (the analysis will not be performed)	O

Sampling information

Check as applicable

Punction site	Lumbar	O
	Other (EVD, Ommaya, etc.) : ……	O

Time of sampling	Date ……	Time ……

Sample tubes

Check as applicable

CSF	Streck Cell-Free DNA BCT® CE tubes	O
	Other: ……	O
EDTA blood	Sarstedt S-Monovette K3 EDTA-tube (9 mL)	O
	Other: ……	O

Clinical information and question

(Please declare infectious risks)

Optional : Current disease evolution

Check as applicable

Diagnosis	O
Progression (suspicion)	O
Follow-up	O
Other (e.g. therapy protocol and last treatment date) ……	O

Date _____ Prescriber _____ Phone _____

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Version 1.1 Publication 01.07.2025

Form to be sent **with the samples!**