UNIVERSITÄTS
KLINIKUM
HEIDELBERG

N/M-Nr.
to be completed by the
Liquid Biopsy Team

Patient Label

Heidelberg University Hospital | Im Neuenheimer Feld 400 | 69120 Heidelberg

Submission Form for Liquid Biopsy Diagnostics from CSF

External Referrers (International)

Department of Neurology
Prof. Dr. Wolfgang Wick
Medical Director
Im Neuenheimer Feld 400
69120 Heidelberg

Institute of Pathology
Division of Neuropathology
Prof. Dr. A. von Deimling
Medical Director
Im Neuenheimer Feld 224
69120 Heidelberg

Liquid Biopsy Brain Tumors

PD Dr. Tobias Kessler
Prof. Dr. Dr. Felix Sahm

liquidbiopsy.NEU@med.uni-heidelberg.de

As of 17.02.2026

Has the patient been informed according to internal institutional standards?

	Please tick
Yes	O
No (Sample must not be submitted!)	O

Information on CSF Collection

			Please tick
Site of collection	Lumbar puncture		O
	Other (EVD, Ommaya, Rickham, etc.)		O
Time of collection	Date		
	Time		

Specimen Collection Tubes

		Please tick
CSF	Streck Cell-Free DNA BCT® CE tube	O
	Other	O
EDTA Blood	Sarstedt S-Monovette K3 EDTA tube (9 mL)	O
	Other	O

Referring Diagnosis and Clinical Question
(If applicable, please also indicate any potentially infectious comorbidities!)

Classification Within the Disease Course

	Please tick
Initial diagnosis	O
(Suspected) progression	O
Follow-up assessment	O
Other / Study patient. (e.g., treatment regimen, date of last therapy, study name / study ID, etc.)	O

Contact Information for Liquid Biopsy Board

E-mail address for Liquid Biopsy Board Invitation:

Postal address / fax number for transmission of report:

Date | Name of referring physician | Telephone

Please send this form together with the specimen!

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