

Letter of referral attached	yes <input type="checkbox"/> no <input type="checkbox"/> → please enter invoice recipient
Invoice recipient (name and address; at hospital: name, clinic and department, address)	<div style="border: 1px solid black; height: 150px;"></div>
Material	attached <input type="checkbox"/> follow <input type="checkbox"/>
Type of material	FFPE-Block <input type="checkbox"/> Number: <input type="text"/> Stained sections <input type="checkbox"/> Number: <input type="text"/> Unstained sections <input type="checkbox"/> Number: <input type="text"/> Blood <input type="checkbox"/> Fresh frozen tissue <input type="checkbox"/> DNA <input type="checkbox"/> RNA <input type="checkbox"/>
External ID	<div style="border: 1px solid black; height: 20px;"></div>
Desired analysis (The presence of consent is required)	Histology <input type="checkbox"/> 850k <input type="checkbox"/> Panel-Sequencing <input type="checkbox"/> Whole-Exome-Sequencing (WES) <input type="checkbox"/> RNA-Sequencing <input type="checkbox"/>

Please note: The sending/return of tumor material outside of the EU/by courier must be organized and financed by the sender with FedEx/DHL

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