MEDIZINISCHE UNIVERSITÄT INNSBRUCK
tirol kliniken
INSTITUTE OF NEUROPATHOLOGY AND NEUROMOLECULAR PATHOLOGY
Director: UNIV.-PROF.IN DR.IN ADELHEID WÖHRER
nnp

Submission form for cerebrospinal fluid diagnostics

Sender

Cost Center Label

Patient Label

Name:
Date of Birth:
Gender:
Address:

Order for

- ☐ Cytological assessment
- ☐ Nanopore Sequencing

Examination material

- ☐ Cerebrospinal fluid
- ☐ Blood

Time of puncture:

Anamnesis

Clinical information/history and suspected diagnosis:

Macroscopic (to be completed by neuropathology):

Requesting physician | Contact | Date, Signature

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