MEDIZINISCHE UNIVERSITÄT INNSBRUCK

tirol kliniken

INSTITUTE OF NEUROPATHOLOGY AND NEUROMOLECULAR PATHOLOGY

Director: UNIV.-PROF.IN DR.IN ADELHEID WÖHRER

nnp

Submission form for integrated brain tumor diagnostics

Sender

Cost Center Label

Patient Label

Name:
Date of Birth:
Gender:
Address:

Order for

- ☐ histological assessment
- ☐ molecular pathological assessment
- ☐ intraoperative histology
- ☐ nanopore sequencing

Examination material

infectious material (HIV, Hep B/C, CJD) ☐ Yes ☐ No ☐ Unknown

time of collection: ..... (hours) in formalin

Anamnesis

Location:

Contrast-enhanced imaging: ☐ Yes ☐ No

If yes: ☐ homogeneous ☐ inhomogeneous

Radiation and/or chemotherapy: ☐ Yes ☐ No

Pre-surgery: ☐ Yes ☐ No

If yes:
Previous histopathological examinations:

Family anamnesis: ☐ Yes ☐ No

Clinical information/history and suspected diagnosis:

TU-bank (HD, PS, TDB)
☐ Yes ☐ No

Study:

Makroskopisch (von der Neuropathologie auszufüllen):

Requesting physician | Contact | Date, Signature

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