MEDIZINISCHE UNIVERSITÄT INNSBRUCK

tirol kliniken

INSTITUE 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: Sex: 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 chemotheraphy: ☐ 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:

Macroscopic (to be completed by neuropathology):

Requesting physician | Contact Details | Date, Signature

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