Labor für Spezielle Hämatologie
im Centrum für Laboratoriumsmedizin
Ebene 05 OST
Raum 167 – 170 bzw. 131 (Notfall-Labor)
Pädiatrische Hämatologie und Onkologie, Medizinische Klinik A
Universitätsklinikum Münster
Albert-Schweitzer-Campus 1, Gebäude A1
48149 Münster
please use only this address for shipment!

Shipment form for **immune reconstitution** evaluation and **Rituximab pharmacokinetic** study

Please note: before sending material (blood, serum), the informed consent for research studies must be signed by patient/guardian(s)

Patient (clinic label if available)	**Treatment arm (please mark):**
	O R1 O R2
	O R3 O one dose O seven doses Rituximab
	O R4 O one dose O seven doses Rituximab
	O R4 CNS+ O one dose O seven doses Rituximab
Hospital stamp	**Timepoint of evaluation (please mark):**
	O before start of treatment
	O after Rituximab window / prephase
	O before 2nd course
	O before 5th course
	O 6 months after start of treatment
	O 12 months after start of treatment
Physician´s name (block letters)	O 18 months after start of treatment
	O 24 months after start of treatment
_____	O __ months after start of treatment
Start of treatment (dd/mm/yy) ☐ ☐ ☐	**Leukocyte count (x 10^9/l) :** _____
Last Rituximab infusion (dd/mm/yy) ☐ ☐ ☐	

Material	**Investigation**	**Amount**	**Date of sampling (dd/mm/yy)**
O peripheral blood (EDTA)	Lymphocytes populations, immune function	10 ml	
O Serum (centrifuged if possible)	Immunoglobulin level, vaccination titers, Rituximab pharmacokinetics	10 ml	
O blood smear slide (EDTA)	manual differentiation	2 slides	

All samples should be send at room temperature by overnight shipment!
If a sample is drawn on Friday or during the weekend please store at 8°C to 12°C and send it on Monday.