Pathology Center Zurich

medica
MEDIZINISCHE LABORATORIEN Dr. F. KAEPPELI AG
Hottingerstrasse 9 / 11, 8032 Zürich
Tel. 044 269 99 04
www.medica.ch/pathologie

W5 35 35

please mark in black

Do not use felt-tip pens for marking!

Patient Information

Patient ID:

☐ female ☐ male

Name	
First name	
Street	
City	
Zip code	
Country	
c/o	
Date of birth	(DD/MMM/YYYY)

Requesting Institution / Physician

Attending physician:

E-Mail:

Invoice

Invoice will be sent via E-mail to the following address:

Results

Results are released to the following E-mail address:

Previous examinations (institute/Patient ID)

Requisition Form: Telomere Length Measurement

Telomeropathy-Specific Medical Information

Skin:	☐ leukoplakia	☐ hyper/hypo-pigmentation	☐ nail dystrophy
	☐ premature hair greying	☐ other	
Blood:	☐ cytopenia	☐ increased MCV	☐ other
Bone Marrow:	☐ aplastic anemia	☐ MDS	☐ other
Immune System:	☐ opportunistic infections	☐ immunodeficiency	☐ other
Gastro-Intestinal:	☐ enterocolitis	☐ other	
Liver:	☐ liver fibrosis	☐ liver cirrhosis	☐ other
Lung:	☐ idiopathic pulm. fibrosis	☐ premature emphysema	☐ other
Bone:	☐ osteoporosis	☐ avascular necrosis	☐ other
Endocrine:	☐ diabetes mellitus	☐ other	
Cancer:	☐ hematological malignancies:	☐ MDS ☐ AML	
	☐ epithelial cancer	☐ other cancer	
Growth Retardation:	☐ short stature	☐ other deformities	
Family History:	☐ affected parents	☐ affected siblings	☐ other
Known Mutations:			
Medication:			
Additional Information:			

Collection date:	Collection time:
Laboratory results: Hb:	Lc: Tc:

Consent

I hereby authorize telomere length measurement testing for the patient identified in this requisition. I have supplied information to the patient regarding the test, and the patient has given consent for the test to be performed. Additionally, the patient has explicitly consented to the transmission of the test results via email, acknowledging that this method of communication may involve the sharing of sensitive medical information.

Authorized signature **(required)**: Date: _ _ / _ _ _ / _ _ _ _

Telomere Length Measurement by the group of G. Baerlocher MD, EMBA

Should you have any questions with regards to the analysis, do not hesitate to contact:

G. Baerlocher, MD, EMBA
FMH Internal Medicine and Hematology
FAMH Hematology
Tel: +41 44 269 99 04
E-Mail: telomere@medica.ch

Before collection of blood, contact us by email at telomere@medica.ch to coordinate appropriate shipping date. **In case of urgency, please contact us by phone +41 44 269 99 04 for expedited service.**

Specimen Collection

- Label the specimen tube with:
  - **-Patient ID #**
  - **-Age**
  - **-Sex**
  - **-Date and time of collection**
- Collect peripheral blood in **EDTA** (ethylenediaminetetraacetic acid) anticoagulant.
- 10-15 ml of peripheral blood is required for successful testing.
- All blood shipments to us must arrive within 2 days and in good condition. Sample should be shipped **overnight by priority shipment (Swiss Post), ONLY Sun-Wed or by an international courier (e.g. FedEx, DHL, etc.)**

Shipping Procedure

Shipping Material

- Shipping container to protect against breakage
- Specimen bag or sealable zip-lock bag and bubble-wrap
- Packing tape
- Two address labels
- Telomere Length Measurement Requisition Form – **please do not forget to sign**

Shipping

1. Place blood collection tube(s) in specimen bag and wrap in bubble-wrap.
2. Place completed requisition form with specimen in shipping container.
3. Seal shipping container with packing tape.
4. Label the shipping container with the address on two sides.
5. Ship immediately (Sun-Wed) by priority shipment to:

Pathologie Zentrum Zürich
Hottingerstrasse 9/11
8032 Zürich
Switzerland

6. Inform us of shipping date and tracking number by email at telomere@medica.ch

Sample Receipt Confirmation

We will acknowledge receipt of specimen via email.
If the packaging or samples are damaged upon receipt, we will contact you with further instructions.