

# Telomere Length Measurement

MEDICA Pathologie  
Hottingerstrasse 9/11, 8032 Zürich  
Tel. 044 269 67 18  
medica.ch/pathologie

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W05

Patient Information		Requesting Institution / Physician	
<b>Patient ID:</b>		<div style="border: 1px solid black; padding: 5px;">please mark in black</div> <div style="border: 1px solid black; padding: 5px;">Do not use felt-tip pens for marking!</div>	
<input type="checkbox"/> female <input type="checkbox"/> male			
<b>Name</b>		<b>Attending physician:</b> .....	
<b>First name</b>			
<b>Street</b>		<b>E-Mail:</b> .....	
<b>City</b>			
<b>Zip code</b>		<b>Invoice</b>	
<b>c/o</b>		<b>Invoice will be sent via E-mail to the following address:</b> .....	
<b>Date of birth</b>			
<b>Results</b>		<b>Previous examinations (institute/Patient ID)</b> .....	
<b>Results are released to the following E-mail address:</b> .....			

## Requisition Form: Telomere Length Measurement

### Telomeropathy-Specific Medical Information

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

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](mailto:telomere@medica.ch)

Before collection of blood, contact us by email at [telomere@medica.ch](mailto: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](mailto: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.