

# Hirntumor-Referenzzentrum

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Framed boxes (solid lines only) to be completed by sender

Stamp of Sender

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

Study

Sender's Reference (Block ID)

Date of Arrival in Bonn

Reference number Bonn

**R -** \_\_\_\_\_

Patient information

Name	First Name	♀	♂	Date of Birth	Age at dx	Family History		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/> /	<input style="width: 20px; height: 20px;" type="text"/> /	<input style="width: 100%;" type="text"/>		
Biopsy	Stereot.	Recurr.	Autopsy	c.s.f.	MRI Contrast enh.	Duration of Clinical History	Pre-OP Radiation	Pre-OP Chemoth.
<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/> yes <input style="width: 20px; height: 20px;" type="checkbox"/> no	<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="checkbox"/> yes <input style="width: 20px; height: 20px;" type="checkbox"/> no	<input style="width: 20px; height: 20px;" type="checkbox"/> yes <input style="width: 20px; height: 20px;" type="checkbox"/> no

Localization

<input type="checkbox"/> supratentorial	<input type="checkbox"/> Cerebral hemisph.	<input type="checkbox"/> Basal ganglia	<input type="checkbox"/> Ventricle	<input type="checkbox"/> Skull base
<input type="checkbox"/> infratentorial	<input type="checkbox"/> Cerebellum	<input type="checkbox"/> Pons	<input type="checkbox"/> Medulla obl.	<input type="checkbox"/> c.pontine angle
<input type="checkbox"/> Spinal cord	<input type="checkbox"/> intramedullary	<input type="checkbox"/> intradural	<input type="checkbox"/> extradural	<input style="width: 50px; height: 20px;" type="text"/> Segment
Other (localization, etc.): _____				

Sender's diagnosis

Diagnosis Reference center

Additional info \_\_\_\_\_