

EWING 2008/PROVABES/EEC

Consignment letter

Tumor box: fresh-frozen tumor/paraffin-embedded/touch prep

▶Initial (open) Biopsy◀

Perishable Materials
Send only Monday-Thursday

Sender: Center/Institute: _____

(complete address)

Patient's name: _____ **date of birth:** _____

Is the patient a registered study subject?	no = 0	
.....	yes = 1	
If yes, please enter study number:		
Marvin number:		
Will the patient be entered into the study at a later date?	no = 0	
.....	yes = 1	

DATE OF PRIMARY TUMOR BIOPSY..... DAY MO YEAR

ENTERED BY:
Name _____ Signature: _____
Telephone: _____ Fax: _____
e-mail: _____ Date: _____

Please send this completed form with the tumor box to the following address:

UKM
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