

Medical Center - University of Freiburg Department of Pediatrics and Adolescent Medicine Division of Pediatric Hematology and Oncology  
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**7`b]WJ`g][ bg**

- Splenomegal  Yes  No
- Hepatomegaly  Yes  No
- Lymphadenopathy  Yes  No
- Hepatitis  Yes  No

**Spleen size:**

Clinical examination: \_\_\_\_\_ cm below costal margin  
 Sonography: \_\_\_\_\_ cm splenic length  
 Location: \_\_\_\_\_

Therapy given: \_\_\_\_\_

**Transfusions within the last 4 weeks**

- No
- Yes:  Erythrocytes  Platelets

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Date	(dd.mm.yyyy)	(dd.mm.yyyy)
Leukocytes (10 <sup>9</sup> /l)		
Hemoglobin (unit) <input type="checkbox"/> g/dl <input type="checkbox"/> mmol/l		
Erythrocytes (10 <sup>12</sup> /l)		
MCV (fl)		
Retikulocytes (‰)		
Platelets (10 <sup>9</sup> /l)		
HbF (%)		

**Material**

Date (dd.mm.yyyy):

Date (dd.mm.yyyy):

- hep. BM (2-3 ml)
- BM-Smears (10 A.)
- hep. blood (5-10 ml)
- blood smears (10 A.)


- core biopsy
- hairfollicel (10-15)
- fibroblasts/ skinbiopsy
- oral mucosa


**Local Center (Clinic adress)**

Name: \_\_\_\_\_


For questions, Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

\_\_\_\_\_  
 Date, Signature