

## Asparaginase/Erwinase enzym activity measurement

Address of sender (unit, hospital, country, phone)  
In capital letters:

### Patient identification:

Please fill in as much as possible:

Castor no: \_\_\_\_\_ Other : \_\_\_\_\_  
(ALL2008, Infant-ALL, ph+ALL, LBL, Other)

ID (as in REDCap): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Day Month Year

**Date of sampling:** \_\_\_\_\_  
Day Month Year

### Sample time:

Before administration ☐ First sample after allergic reaction ☐  
Within 1 hour after administration ☐ Second sample after allergic reaction ☐  
NA between doses ☐

### Preparation given and preparation administration:

PEG-asparaginase ☐ Erwinase ☐  
i.v. administration ☐ i.m.administration ☐

**Date of the last given dose:** \_\_\_\_\_  
Day Month Year

### Sampling instructions:

- 1) Collect 4 ml EDTA blood
- 2) Centrifuge the EDTA blood 10-15 min. at room temperature, 2000 g
- 3) Divide plasma in two cryotubes (2 ml tubes)
- 4) Label the two tubes with ID as noted in the requisition form
- 5) Please send the samples at room temperature to the address noted below

**Attention:** Please note if you are sending samples from a non-EU country to Denmark you need to attach the SE number 29762929 and procedure code 4000C16 to the invoice.

### Send samples and requisition form to :

Aarhus University Hospital  
ATT:Dorte Emilie Wulff and Jane Hagelskjær Knudsen  
Paediatrics and adolescent Medicine Research  
Laboratory  
Entrance G8-cross point G211  
Palle Juul-Jensens Boulevard 99  
DK-8200 Aarhus N

Date: \_\_\_\_\_

Signature: \_\_\_\_\_