

Address of sender (unit, hospital, country, phone):

Asparaginase activity measurement

Patient identification:

Please fill in as much as possible:

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

REDCap ID: _____ 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 Enrylaze (recomb. Erwinase aspara.)
i.v. administration i.m.administration

Date of the last given dose: _____
Day Mont 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 :

Send samples as soon as possible by standard mail to:
Aarhus Universitetshospital
ATT: Derya Pero Ayyildiz mobile +45 51223870
Jane Knudsen mobile +45 30715242
Børn og Unge Forskning. Indgang G8 -krydspunkt G211
Palle Juul-Jensens Boulevard 99
8200 Aarhus N. Denmark.

Date: _____

Signature: _____