

HLH Diagnostic Investigations

Patient label including full name,
date of birth, and sex

Referring physician

Name:

Address:

Email:

Phone:

Fax:

Basic clinical data:

Underlying disease:

Immunosuppressants at the time of venipuncture:

Start of immunosuppressive therapy: _____

Haemoglobin _____ g/dL

Neutrophil count _____ /nL

Leucocytes count _____ / μ L

Platelet count _____ /nL

Ferritin _____ μ g/L ☐ not done

Fibrinogen _____ mg/dL ☐ not done

Triglycerides _____ mg/dL ☐ not done

CRP _____ mg/L

Infectious trigger _____ (e.g. EBV, CMV)

Fever yes ☐ no ☐

Hepatosplenomegaly yes ☐ no ☐

Haemophagocytosis yes ☐ no ☐

Partial albinism yes ☐ no ☐

Consanguinity yes ☐ no ☐ unknown ☐

Prior to shipping it is **mandatory** to contact the physicians of the German HLH study center:

Paediatric Haematology and Oncology, University Hospital Medical Center, Hamburg-Eppendorf

PD Dr. Kai Lehmborg (Mobile: +49 152 22816726, k.lehmborg@uke.de)

Fax: +49 40 7410 40607, Email: hlh@uke.de

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Morphology (Lab Hamburg)

Bone marrow aspirate smears (2x stained, 4x unstained), CSF cytopsin (mandatory: CSF cell count ____/ μ L, CSF protein ____ mg/dL)

☐

Gene sequencing (Lab Hamburg)

5 mL EDTA blood, ideally send samples of parents as well. A signed informed consent (patient or legal guardian) for each is **mandatory**.

Tick requested genes:

☐ Perforin (FHL 2)

☐ SH2D1A (XLP)

☐ UNC13D (FHL 3)

☐ BIRC4 (XIAP)

☐ Syntaxin 11 (FHL 4)

☐ RAB27A (Griscelli)

☐ UNC18B (FHL 5)

☐ ITK

☐ LYST (CHS)

☐ MAGT1

☐ CDC42

☐ HAVCR2/TIM3

No express shipping required. Include this sheet and an address for billing purposes.

Contact person lab Hamburg:

Dr. rer. nat. A. Kruchen, F. Oyen (BTA)

Tel.: +49 40 7410 52721 or – 54742

Fax: +49 40 7410 58931

a.kruchen@uke.de f.oyen@uke.de

Shipping address Hamburg:

Laboratory for Pediatric Hematology and Oncology N21
University Hospital Medical Center Hamburg-Eppendorf
Martinistrasse 52
20246 Hamburg
Germany

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Immunology (Lab Freiburg)

- perforin, degranulation
- for male patients additionally SAP, XIAP
- in case of EBV infection additionally CD27

- 10-15 mL EDTA blood (infants at least 5 mL)
- 2-3 mL serum
- 10-15 mL EDTA blood of a healthy unrelated person is **mandatory**.
- A signed consent form (patient or legal guardian) is **mandatory**.

It is **mandatory** to arrange the day of shipment with the lab.

Shipping overnight (within 24 hours of blood sampling). No cooling required. Sample must be delivered until 9 AM in the lab. Include this sheet and an address for billing purposes. Results are available within 2-3 days.

Date and time of venipuncture: _____

Contact person lab Freiburg:

Dr. Jens Wittner

Tel.: 0761 / 270 - 71010

Fax: 0761 / 270 - 9671070

cci.diagnostik@uniklinik-freiburg.de

Clinical contact person Freiburg:

Prof. Dr. Stephan Ehl (+49 761 270 77300,
stephan.ehl@uniklinik-freiburg.de)

Shipping address Freiburg:

Medical Center – University of Freiburg
CCI Advanced Diagnostic Unit at ZTZ
Breisacher Str. 115, EG
79106 Freiburg