

BILLING INFORMATION (in Block letters): PI/CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street: Post code, town: Country: Tel/Fax: E-MAIL (for bill and results report):	Signature and Veterinary stamp:
CONSENSO AL TRATTAMENTO DEI DATI PERSONALI: I the undersigned, Surname/Name, authorize Genefast srl to process my personal data for the purposes deriving from contractual needs and legal obligations in accordance with Directive 196/2003 and the nw European GDPR regulation 2016/679. SIGNATURE:	
Owner:	
Nome: _____ Microchip/N° di Pedigree: _____ Species: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Pig <input type="checkbox"/> Cattle <input type="checkbox"/> Other <input type="checkbox"/> Breed: _____ Date of birth: _____ M (male) <input type="checkbox"/> F (female) <input type="checkbox"/>	
<input type="checkbox"/> URGENCY: test carried out in 5 working days (+ 30% over the cost of the analysis). Analyses sent to partner laboratories are excluded.	

Analysis	Type of sample	Origin of the samples
Lymphoid Clonality test (admission) BCR and TCR gene rearrangement <input type="checkbox"/>	Biopsy (fresh or frozen) <input type="checkbox"/>	
	Citology (stained or not) <input type="checkbox"/>	
	Histological (slides already mounted on a glass) <input type="checkbox"/>	
C-kit mutation PCR	Biopsy (fresh or frozen) <input type="checkbox"/>	
	Citology (stained or not) <input type="checkbox"/>	
	Histological (slides already mounted on a glass) <input type="checkbox"/>	
Assessment of Minimal Residual Disease <input type="checkbox"/>	EDTA Blood <input type="checkbox"/>	
	Biopsy (fresh or frozen) <input type="checkbox"/>	
	Citology (stained or not) <input type="checkbox"/>	
	Histological (slides already mounted on a glass) <input type="checkbox"/>	

Mandatory requirements:

In the case of cytologic or histologic samples, suspected lymphocyte population is:
 the prevalent population in the slide
 or represents a minority population

Cortisonic therapy ongoing recent (in the last month)
 Antiplastic therapy ongoing recent (in the last month)

Suggested times for sampling collection:

During the induction phase (please, avoid to collect samples during the nadir)

At the end of the induction phase and then when the patient is in remission/maintenance phase during the re-check controls (once per month)